

Highland, Matt

From: Highland, Matt <mhighla@dhs.state.ia.us>
Sent: Friday, December 29, 2017 11:57 AM
To: Allison, Julie A.
Cc: Julie Lovelady; Rickman, Wendy
Subject: Re: Family planning report

Thanks, here's the updated version:

The report will include data on member enrollment, utilization, provider participation, and payments for services and pharmacy. This first report will include data from SFY18Q1 and historical quarters prior to implementation of the state-funded Family Planning Program (SFYQ1). The Department intends to publish the report on January 8, 2018. A draft is not available for release.

Thank You,
Matt Highland
Public Information Officer,
Department of Human Services
Acting Communications Specialist,
Iowa Medicaid Enterprise
515-281-4848 office
515-559-7326 cell
mhighla@dhs.state.ia.us



On Fri, Dec 29, 2017 at 11:08 AM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:
Because we have not viewed the data yet for historical (we are planning on SFY17 but just in case I think it is best to say the following: Also would it be better to say Payments for services and pharmacy (remove claims since it really is payments)

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Julie, See draft response:

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----- Forwarded message -----

From: **Rodriguez, Barbara** <BCRodriguez@ap.org>

Date: Fri, Dec 29, 2017 at 9:22 AM

Subject: Family planning report

To: "Highland, Matt (mhighla@dhs.state.ia.us)" <mhighla@dhs.state.ia.us>

Matt,

What can the department tell me about plans early next year to release a report on data regarding the new state-run family planning program? I understand Wendy Rickman was taking the lead on things. I hear a report is getting released as early as Jan. 8, the day that session starts.

What will be in the report? I hear it will include the first quarter of FY18. What will it analyze, if anything? Is there a draft of the report available?

Best,

Barbara

AP

Barbara Rodriguez

The Associated Press

Des Moines, Iowa

Office: 515-288-6110

Cell: 646-385-1212

Email: bcrodriguez@ap.org

Twitter: [@bcrodriguez](https://twitter.com/bcrodriguez)

Website: www.ap.org

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--

Julie Allison, MPA

Child Care Bureau Chief

Iowa Department of Human Services/Division of Adult, Children and Family Services

1305 East Walnut, Hoover State Office Bldg., 5th floor, Des Moines, Ia. 50319-0114

Phone: 1-515-281-6177

Fax: 515-281-6248

Highland, Matt

From: Wendy Rickman <wrickma@dhs.state.ia.us>
Sent: Friday, December 29, 2017 11:56 AM
To: Julie Allison
Subject: Fwd: Family planning report
Attachments: image001.jpg

Nicely done. Thanks.

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From: Allison, Julie A. <jalliso1@dhs.state.ia.us>
Date: Fri, Dec 29, 2017 at 12:08 PM
Subject: Re: Family planning report
To: Highland, Matt <mhighla@dhs.state.ia.us>
CC: Julie Lovelady <jlovela@dhs.state.ia.us>, Rickman, Wendy <wrickma@dhs.state.ia.us>

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Highland, Matt

From: Highland, Matt <mhighla@dhs.state.ia.us>
Sent: Thursday, December 28, 2017 12:55 PM
To: Allison, Julie A.
Cc: Merea Bentrott; Julie Lovelady; Johnson, Deborah; Wendy Rickman
Subject: Re: Associated Press contacting Jody T.

Thanks Julie.

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On Thu, Dec 28, 2017 at 12:53 PM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:
FYI:

Associated Press, Barbara Rodriguis?, called Jody T. as they found out she is on the FPP workgroup. She will state that the workgroup is still collecting data, is well diversified and are targeting January 8th as a release date for the report (we have put the 1/8 target date in a formal RFI so staying consistent with the message)
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Highland, Matt

From: Wendy Rickman <wrickma@dhs.state.ia.us>
Sent: Wednesday, December 27, 2017 12:51 PM
To: Michael Randol
Cc: Julie Allison; Lovelady, Julie; Mikki Stier
Subject: Fwd: Termination of the Iowa Family Planning Network 1115 Waiver Demonstration

Fyi. Thanks

----- Forwarded message -----

From: Moore, Tonya A. (CMS/CMCS) <Tonya.Moore@cms.hhs.gov>
Date: Wed, Dec 27, 2017 at 1:02 PM
Subject: RE: Termination of the Iowa Family Planning Network 1115 Waiver Demonstration
To: Lindsay, Kelly <klindsa@dhs.state.ia.us>
CC: Levels, Sandra K.(CMS/CMCHO) <Sandra.Levels@cms.hhs.gov>, Wendy Rickman <wrickma@dhs.state.ia.us>, Ruff, Emmett (CMS/CMCS) <Emmett.Ruff@cms.hhs.gov>, Julie A. Allison <jalliso1@dhs.state.ia.us>, Jennifer Steenblock <jsteenb@dhs.state.ia.us>, Amela Alibasic <aalibas@dhs.state.ia.us>, Howell, Kimberly M. (CMS/CMCS) <Kimberly.Howell@cms.hhs.gov>

Sorry for my delay in responding.

We received the October 12, 2017 email with the state's termination letter and termination application (to which we refer to as the "phase-out report" per STC 8). We don't need anything further from the state regarding the termination. We will post the letter on Medicaid.gov under the administrative record. Our standard practice is that the state's termination letter suffices as documentation that the demonstration is no longer operating, but if you feel that the state needs a written confirmation from CMS acknowledging termination, let me know and I will discuss with my leadership.

In terms of remaining deliverables needed to close-out the final reporting requirements, the state owes the following:

- Per STC 32, a final demonstration report. The draft final was due 120 days after the end of the demonstration, i.e., by October 28, 2017. This report would cover demonstration activities, including phase-out, from the date of the last report submitted by Iowa through June 30, 2017; and,
- Per STC 53, a summative evaluation report based on the state's approved evaluation design. That is due within 18 months of the end of the demonstration, i.e., by December 2018.

We are available to provide technical assistance on the above items, just let us know and we can set something up.

Don't hesitant to call if needed. Thanks.

Tonya Moore

Senior Advisor, State Demonstrations Group

410-786-0019 - direct

443-938-3759 – work cell

From: Lindsay, Kelly [mailto:klindsa@dhs.state.ia.us]

Sent: Wednesday, December 20, 2017 1:14 PM

To: Moore, Tonya A. (CMS/CMCS) <Tonya.Moore@cms.hhs.gov>; Ruff, Emmett (CMS/CMCS) <Emmett.Ruff@cms.hhs.gov>

Cc: Levels, Sandra K. (CMS/CMCHO) <Sandra.Levels@cms.hhs.gov>; Wendy Rickman <wrickma@dhs.state.ia.us>; Julie A. Allison <jalliso1@dhs.state.ia.us>; Jennifer Steenblock <jsteenb@dhs.state.ia.us>; Amela Alibasic <aalibas@dhs.state.ia.us>

Subject: Termination of the Iowa Family Planning Network 1115 Waiver Demonstration

Good afternoon,

As you know, Iowa submitted a termination letter and termination application to CMS on October 12, 2017, regarding the Iowa Family Planning Network (IFPN) 1115 Waiver Demonstration. The termination of the demonstration was effective June 30, 2017.

In previous discussions with CMS regarding close-out activities, it was agreed that Iowa would submit the 2016 and 2017 Annual Evaluation Reports for the demonstration. The 2016 report was submitted on December 1, 2017. The 2017 report is expected to be completed and submitted by March 31, 2018.

According to the Medicaid.gov website, the demonstration is in a terminated status with an expiration date of June 30, 2017.

For the administrative record, Iowa is requesting CMS provide a letter confirming the formal termination of the IFPN Waiver Demonstration. If you feel there is sufficient documentation of the waiver termination and a letter is unnecessary, please let us know.

A quick response is much appreciated. Please let us know if any additional information is needed.

Thank you,

Kelly Lindsay
Medicaid Program Manager
Iowa Department of Human Services
office: 515.281.5334
email: klindsa@dhs.state.ia.us

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From: Moore, Tonya A. (CMS/CMCS) <Tonya.Moore@cms.hhs.gov>
Sent: Wednesday, December 27, 2017 12:03 PM
To: Lindsay, Kelly
Cc: Levels, Sandra K.(CMS/CMCHO); Wendy Rickman; Ruff, Emmett (CMS/CMCS); Julie A. Allison; Jennifer Steenblock; Amela Alibasic; Howell, Kimberly M. (CMS/CMCS)
Subject: RE: Termination of the Iowa Family Planning Network 1115 Waiver Demonstration

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From: Wendy Rickman <wrickma@dhs.state.ia.us>
Sent: Wednesday, December 20, 2017 12:20 PM
To: Michael Randol
Cc: Jean Slaybaugh; Julie A. Allison; Mikki Stier
Subject: Fwd: Termination of the Iowa Family Planning Network 1115 Waiver Demonstration
Attachments: Iowa Family Planning Network _ Medicaid.gov.pdf

Just FYI.

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Subject: Termination of the Iowa Family Planning Network 1115 Waiver Demonstration
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CC: Levels, Sandra K.(CMS/CMCHO) <sandra.levels@cms.hhs.gov>, Wendy Rickman <wrickma@dhs.state.ia.us>, Julie A. Allison <jalliso1@dhs.state.ia.us>, Jennifer Steenblock <jsteenb@dhs.state.ia.us>, Amela Alibasic <aalibas@dhs.state.ia.us>

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Home > Medicaid > Section 1115 Demonstrations >
State Waivers List

Iowa Family Planning Network

State:
Iowa
Waiver Authority:
1115
Status:
Terminated

Waiver Dates

Approval:
01/10/2006
Effective:
02/01/2006
Expiration:
06/30/2017

Supporting Documents**Pending Application(s) and Related Documents**

Date
Title

Approved Application(s) and Related Documents

Date
Title
12/29/2016
Demonstration Approval (PDF 127.95 KB)
10/06/2017
Fact Sheet (PDF 18.47 KB)

Administrative Record

Date

Title
02/22/2017
<u>Quarterly Report October-December 2016 (2/23/2017)</u> (PDF 196.81 KB)
01/08/2017
<u>State Extension Acceptance Letter (1/9/2017)</u> (PDF 5.49 MB)
12/13/2016
<u>Quarterly Report October-December 2015 (12/14/2016)</u> (PDF 153.31 KB)
12/13/2016
<u>Quarterly Report July-September 2016 (12/14/2016)</u> (PDF 163 KB)
12/06/2016
<u>Quarterly Report July-September 2013 (12/07/2016)</u> (PDF 145.43 KB)
12/06/2016
<u>Quarterly Report October-December 2013 (12/07/2016)</u> (PDF 143.8 KB)
12/06/2016
<u>State Annual Report 2013 (12/07/2016)</u> (PDF 785.47 KB)
07/15/2016
<u>CMS Completeness Letter (07/15/2016)</u> (PDF 120.97 KB)
06/30/2016
<u>State Extension Application - June 2016</u> (PDF 7.32 MB)
06/30/2016
<u>Quarterly Report April – June 2016 (06/30/2016)</u> (PDF 142.46 KB)
03/31/2016
<u>Quarterly Report January – March 2016 (03/31/2016)</u> (PDF 146 KB)

02/22/2016
CMS Approval - Managed Care Amendment (PDF 400.28 KB)
10/01/2015
Quarterly Report July-September 2015 (10/01/2015) (PDF 126.28 KB)
09/16/2015
CMS Completeness Letter (09/16/2015) (PDF 70.68 KB)
09/03/2015
Pending Application (09/03/2015) (PDF 221.57 KB)
07/01/2015
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06/27/2013
Temporary Extension Approval Letter (06/27/13) (PDF 41.73 KB)
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12/14/2011
Special Terms and Conditions (12/15/11-12/31/13) (PDF 309.59 KB)
12/14/2011
Expenditure Authority (12/15/11-12/31/13) (PDF 18.17 KB)
12/14/2011
Extension Approval Letter (12/15/11) (PDF 51.64 KB)

[Return to State Waivers List](#)



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12/14/2011
Special Terms and Conditions (12/15/11-12/31/13) (PDF 309.59 KB)
12/14/2011
Expenditure Authority (12/15/11-12/31/13) (PDF 18.17 KB)
12/14/2011
Extension Approval Letter (12/15/11) (PDF 51.64 KB)

[Return to State Waivers List](#)

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Keeping America Healthy

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Highland, Matt

From: Allison, Julie A. <jalliso1@dhs.state.ia.us>
Sent: Friday, December 15, 2017 10:03 AM
To: Wendy Rickman
Subject: Fwd: Meeting last Friday

FYI- I am going to bring up the data pull you mentioned during the meeting also just to give her a heads up. I am going to ask her if the data is correct as last note we received on Debbie Kane data was the it was going thru a reconciliation process. Since she is inviting Bob Schlueter I am assuming we will only be discussing the IDPH data as that is what he is familiar with

----- Forwarded message -----

From: **Allison, Julie A.** <jalliso1@dhs.state.ia.us>
Date: Fri, Dec 15, 2017 at 9:58 AM
Subject: Re: Meeting last Friday
To: "Johnson, Deborah" <djohnso6@dhs.state.ia.us>
Cc: Julie Lovelady <jlovela@dhs.state.ia.us>, Robert Schlueter <rschlue@dhs.state.ia.us>

I could be at your place at 2:30, does that work

On Fri, Dec 15, 2017 at 9:56 AM, Johnson, Deborah <djohnso6@dhs.state.ia.us> wrote:
sorry I left you hanging. We are looking at data and have some ideas on how to present it in a clearer manner. Don't want to talk about this at the meeting, would you be able to talk before 3?

Deborah Johnson
Bureau Chief Policy
Iowa Medicaid Enterprise
(515) 256-4662 (Office)
(515) 782-6162 (Cell)
(515) 256-1360 (Fax)
djohnso6@dhs.state.ia.us

On Fri, Dec 15, 2017 at 9:54 AM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:
cool

On Fri, Dec 15, 2017 at 9:53 AM, Johnson, Deborah <djohnso6@dhs.state.ia.us> wrote:
Sorry I was in AZ visiting my mom for her 84th Bday.

Deborah Johnson
Bureau Chief Policy
Iowa Medicaid Enterprise
(515) 256-4662 (Office)
(515) 782-6162 (Cell)
(515) 256-1360 (Fax)
djohnso6@dhs.state.ia.us

On Fri, Dec 15, 2017 at 9:50 AM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:

Oh yes it was two weeks ago.

On Fri, Dec 15, 2017 at 9:40 AM, Johnson, Deborah <djohnso6@dhs.state.ia.us> wrote:
ok, Julie was telling me that no one from IME was at a meeting and thought she said last friday. Will be at the 3 meeting today.

Deborah Johnson
Bureau Chief Policy
Iowa Medicaid Enterprise
(515) 256-4662 (Office)
(515) 782-6162 (Cell)
(515) 256-1360 (Fax)
djohnso6@dhs.state.ia.us

On Fri, Dec 15, 2017 at 9:36 AM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:
We did not meet last Friday. We meet today at 3 your place.

On Fri, Dec 15, 2017 at 9:35 AM, Johnson, Deborah <djohnso6@dhs.state.ia.us> wrote:
Just found out that you met last friday re Family planning. I apologize for not being there but it wasn't on my calendar. :(

Deborah Johnson
Bureau Chief Policy
Iowa Medicaid Enterprise
(515) 256-4662 (Office)
(515) 782-6162 (Cell)
(515) 256-1360 (Fax)
djohnso6@dhs.state.ia.us

--

Julie Allison, MPA

Child Care Bureau Chief

Iowa Department of Human Services/Division of Adult, Children and Family Services

1305 East Walnut, Hoover State Office Bldg., 5th floor, Des Moines, Ia. 50319-0114

Phone: 1-515-281-6177

Fax: 515-281-6248

Highland, Matt

From: Mathes, Melanie M <mmathes@dhs.state.ia.us>
Sent: Friday, December 15, 2017 9:04 AM
To: Rickman, Wendy
Subject: Re: S18-355

Anna Ruggle/Debbie Johnson

Melanie Mathes
Dept. of Human Services
1305 E. Walnut Street
Des Moines, IA 50315
P:515-281-6461

On Thu, Dec 14, 2017 at 4:06 PM, Rickman, Wendy <wrickma@dhs.state.ia.us> wrote:
who from IME signed off on this?

----- Forwarded message -----

From: **Mathes, Melanie M** <mmathes@dhs.state.ia.us>
Date: Thu, Dec 14, 2017 at 3:41 PM
Subject: Fwd: S18-355
To: Wendy Rickman <wrickma@dhs.state.ia.us>


Ready for review/sign-off.

Melanie Mathes
Dept. of Human Services
1305 E. Walnut Street
Des Moines, IA 50315
P:515-281-6461

----- Forwarded message -----

From: **Lane-Molnari, Jody** <jlanelmo@dhs.state.ia.us>
Date: Thu, Dec 14, 2017 at 3:16 PM
Subject: Re: S18-355
To: "Mathes, Melanie M" <mmathes@dhs.state.ia.us>

fiscal has signed off -- thanks!

Jody Lane-Molnari, Executive Officer 2 
Iowa Department of Human Services

Division of Fiscal Management
1305 E Walnut St
Des Moines, IA 50319

515-281-6027
jlanemo@dhs.state.ia.us

On Thu, Dec 14, 2017 at 11:18 AM, Mathes, Melanie M <mmathes@dhs.state.ia.us> wrote:
A response letter and Excel document titled "FPP Providers Who Received FPP payments from 7-1-17 to 11-24-17" are in SharePoint.

Please let me know when signed.

Thanks,

Melanie Mathes
Dept. of Human Services
1305 E. Walnut Street
Des Moines, IA 50315
P:515-281-6461

Highland, Matt

From: Rickman, Wendy <wrickma@dhs.state.ia.us>
Sent: Thursday, December 14, 2017 4:06 PM
To: Mathes, Melanie M
Subject: Fwd: S18-355
Attachments: S18-0355 response; J. Bronsink; Family Planning Dollars.doc; Attachment FPP Providers Who Received FPP payments from 7-1-17 to 11-24-17.xlsx

who from IME signed off on this?

----- Forwarded message -----

From: **Mathes, Melanie M** <mmathes@dhs.state.ia.us>
Date: Thu, Dec 14, 2017 at 3:41 PM
Subject: Fwd: S18-355
To: Wendy Rickman <wrickma@dhs.state.ia.us>

Ready for review/sign-off.

Melanie Mathes
Dept. of Human Services
1305 E. Walnut Street
Des Moines, IA 50315
P:515-281-6461

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From: **Lane-Molnari, Jody** <jlانemo@dhs.state.ia.us>
Date: Thu, Dec 14, 2017 at 3:16 PM
Subject: Re: S18-355
To: "Mathes, Melanie M" <mmathes@dhs.state.ia.us>

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Jody Lane-Molnari, Executive Officer 2 
Iowa Department of Human Services
Division of Fiscal Management
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515-281-6027
jlانemo@dhs.state.ia.us

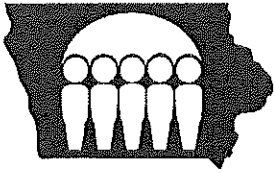
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Dept. of Human Services
1305 E. Walnut Street
Des Moines, IA 50315
P:515-281-6461



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

December 14, 2017

Joshua Bronsink, Analyst
Senate Republican Caucus Staff
State Capitol Building, Room 112
LOCAL

Dear Mr. Bronsink:

This is in response to your recent inquiry regarding funds distributed to Family Planning Program (FPP) providers. Specifically, you are asking which providers have received funds that the state appropriated, in lieu of receiving federal funds, which prohibited excluding abortion providers.

Attached is a list of FPP providers that have received FPP payments from July 1, 2017, to November 24, 2017.

It is important to note that the timeline for reimbursement of medical claims may impact the list of providers receiving FPP funds. The filing of most medical claims in a clinic-type setting typically run months behind from the actual date of service. For example, if a clinical service with a physician is rendered on August 1, it may take 2-3 months for the bill to be submitted by the provider. Additionally, it may take 10-15 days for the claim to be paid. This timeline is not applicable to pharmacy claims as those claims are typically filed immediately.

Please feel free to contact me if you have any additional questions.

Sincerely,

Merea D. Bentrutt
Policy Advisor

MDB/kl

Attachment

**FPP Providers Who Received FPP payments
July 1, 2017 to November 24, 2017**

ADEL HEALTHMART
ADVANCED RADIOLOGY SC
ALLEN MEMORIAL HOSPITAL
AMY WILSON ARNP
ANDERSON PHARMACY
AVERA MEDICAL GROUP SPENCER
BLAIRS FERRY FAMILY PHARMACY
BLAKES RX INC
BOONE COUNTY HOSPITAL
BOOTH PHARMACY
BROADLAWNS MEDICAL CENTER
CARROLL APOTHECARY
CARROLL DENTAL CLINIC PLC
CENTER FOR DISEASE DETECTION
CENTRAL IOWA HOSPITAL CORPORATION
CHEROKEE MAIN STREET PHARMACY
CLAYTON DRUG
CLINGMAN PHARMACY INC
COLLABORATIVE LABORATORY SERV LLC
COMMUNITY HEALTH CARE INC
COMMUNITY HEALTH RESOURCES
CORNER PHARMACY
CVS PAHARMACY #10161
CVS PHARMACY
CVS PHARMACY #16897
CVS PHARMACY #17056
CVS PHARMACY #17554
CVS PHARMACY 10032
CVS PHARMACY 16530
CVS PHARMACY 16915
DANIEL PHARMACY INC
DENNIS DORNBIER DO
DRUGTOWN PHARMACY #1 (7020)
EAGLE GROVE PHARMACY INC
EASTERN IOWA HEALTH CENTER
ESTHERVILLE MEDICAL CLINIC
FAMILY MEDICINE CLINIC PC
FIFIELD PHARMACY
FLOYD COUNTY MEMORIAL HOSP
FOOD LAND PHARMACY INC
FORT MADISON PHYS & SURGEONS
FRANCESCA M TURNER DO
GENESIS HEALTH SYSTEM DBA
GREAT RIVER MEDICAL CENTER
GREAT RIVER PHYSICIANS AND CLINICS

HCCMS FAMILY HLTH SERV
HERITAGE PARK PHARMACY
HILLCREST FAMILY PLANNING
HUGHES PHARMACY SERVICES INC.
HY VEE DRUGSTORE 7007-039
HY VEE PHARMACY #1449
HY VEE PHARMACY #6 1155
HY VEE PHARMACY (1170)
HY-VEE CLINIC PHARMACY 3389
HY-VEE DRUGSTORE # 1180
HY-VEE DRUGSTORE #7026
HY-VEE DRUGSTORE #7060
HY-VEE DRUGSTORE #7065
HY-VEE PHARMACY #1 (1042)
HY-VEE PHARMACY #1 (1054)
HY-VEE PHARMACY #1 (1136)
HY-VEE PHARMACY #1 (1281)
HY-VEE PHARMACY #1 (1610)
HY-VEE PHARMACY #1 (1860)
HY-VEE PHARMACY #2 (1018)
HY-VEE PHARMACY #2 (1044)
HY-VEE PHARMACY #2 (1055)
HY-VEE PHARMACY #2 (1101)
HY-VEE PHARMACY #2 (1138)
HY-VEE PHARMACY #2 (1863)
HY-VEE PHARMACY #3 (1056)
HY-VEE PHARMACY #3 (1615)
HY-VEE PHARMACY #3 (1866)
HY-VEE PHARMACY #3 (1889)
HY-VEE PHARMACY #5 (1151)
HY-VEE PHARMACY #7 (1064)
HY-VEE PHARMACY (1009) DBA
HY-VEE PHARMACY (1010)
HY-VEE PHARMACY (1022)
HY-VEE PHARMACY (1037)
HY-VEE PHARMACY (1052)
HY-VEE PHARMACY (1065)
HY-VEE PHARMACY (1075)
HY-VEE PHARMACY (1080)
HY-VEE PHARMACY (1124)
HY-VEE PHARMACY (1192)
HY-VEE PHARMACY (1202)
HY-VEE PHARMACY (1353)
HY-VEE PHARMACY (1396)
HY-VEE PHARMACY (1403)
HY-VEE PHARMACY (1473)
HY-VEE PHARMACY (1522)

HY-VEE PHARMACY (1530)
HY-VEE PHARMACY (1544)
HY-VEE PHARMACY (1628)
HY-VEE PHARMACY (1759)
HY-VEE PHARMACY (1875)
HY-VEE PHARMACY (1895)
HY-VEE PHARMACY 1026
HY-VEE PHARMACY 1068
HY-VEE PHARMACY 1235
HY-VEE PHARMACY 1241
HY-VEE PHARMACY 1295
HY-VEE PHARMACY 1504
HY-VEE PHARMACY 1504-039
HY-VEE PHARMACY 1505
HY-VEE PHARMACY 1634-040
HY-VEE PHARMACY 3527
IOWA CVS PHARMACY LLC DBA
IOWA FALLS CLINIC
JACKS CORNER DRUG LLC
JACQUELINE LYNN YOUNG COOPER MD
JANETTE SCHULZ ARNP
JEANNE C CHAN MD
JEFFREY J FAGERLAND DO
JENNIFER HOLMES LATTERELL DO
JESUP PHARMACY
KATHARINE J PINS DDS
KOSSUTH REG HLTH CENTER
KOSSUTH REG HLTH CTR FAM PHARMACY
KWIK-RX PHARMACY
LA GRANGE PHARMACY INC
LABORATORY CORP OF AMERICA
LABORATORY CORPORATION OF AMERICA
LABORATORY SERVICES COOPERATIVE
LADAWNA MARIE MYRMO CNM
LAURA MARTIN ARNP
LEWIS FAMILY DRUG #61
MAIER FAMILY PHARMACY
MANNING PHARMACY INC
MCFARLAND CLINIC PC
MEDICAP PHARMACY
MERCY FAMILY MEDICINE RESIDENCY
MERCY FAMILY PHARMACY WEST
MERCY GYNECOLOGY & BIRTHING SPECIAL
MERCY HEALTH SERVICES IOWA CORP DBA
MERCY MED CTR-NI PATIENT ACCOUNTS
MERCY MEDICAL CENTER NORTH IA DBA
METRO OB/GYN LLC

METROPLITAN MEDICAL LAB PLC
MONTGOMERY COUNTY MEMORIAL HOSPITAL
MOSER FAMILY PHARMACY
NEW OPPORTUNITIES INC
NICOLE KRYSTLE DAVIS DO
NORTH IA COMM ACTION ORG
NORTH SCOTT PHARMACY
NORTHEAST IA MED EDUCATION
NORTHEAST IOWA PATHOLOGY ASSOC PC
NUCARA PHARMACY #29
OB-GYN ASSOC OF IOWA CITY
OB-GYN ASSOCIATES
OBSTETRICS & GYN SPEC PC
OSTERHAUS PHARMACY
PATHOLOGY LABORATORY
PELLA REGIONAL HEALTH CENTER MED CL
PHYSICIANS CLINIC
QUEST DIAGNOSTICS LLC IL
REGIONAL HEALTH SERVICES OF HOWARD
REX PHARMACY
RIEBER CLINIC PHARMACY
ROBERT ANDREW BECK MD
RYAN PHARMACY INC
SCOTT PHARMACY INC
SCOTTS THRIFTY WHITE DRUG
SHOPKO PHARMACY
SHOPKO PHARMACY # 2671
SHOPKO PHARMACY #2677
SHOPKO PHARMACY #2682
SHOPKO PHARMACY #2688
SHOPKO PHARMACY #2689
SIOUXLAND COMM HEALTH CTR PHARMACY
SMART PHARMACY
SOUTH SIDE DRUG
STANGEL PHARMACY
STATE HYGENIC LABORATORY
STERLING DRUG
STEVEN P BREAU MD PC
STUDENT HEALTH & WELLNESS
SUKANYA RANI MAKKAPATI DO
SUPER SAVER PHARMACY
TAMARA M DASSANAYAKE MD
THE IOWA CLINIC PC
THERESA HOHERTZ NP
THRIFTY WHITE DRUG #049
THRIFTY WHITE PHARMACY #76
UI HEALTHCARE RIVER LANDING PHARMAC

UNITYPOINT CLINIC LABORATORY FORT D
WAGNER CLINIC PHARMACY
WAL MART PHARMACY 10-3590
WALGREEN #03590
WALGREEN #03595
WALGREEN #04041
WALGREEN #04405
WALGREEN #05044
WALGREEN #05077
WALGREEN #05239
WALGREEN #05361
WALGREEN #05721
WALGREEN #05852
WALGREEN #05886
WALGREEN #06154
WALGREEN #06623
WALGREEN #06677
WALGREEN #07454
WALGREEN #09708
WALGREEN #11709
WALGREEN #3252
WALGREEN #359
WALGREEN #4714
WALGREEN CO DBA
WALGREEN CO.# (03875)
WALGREEN COMPANY #05042
WALGREEN COMPANY #05144
WALGREEN COMPANY #05470
WALGREEN COMPANY #05512
WALGREEN COMPANY #05941
WALGREEN COMPANY #3700
WALGREEN COMPANY 07455
WALGREEN COMPANY DBA
WALGREEN COMPANYY #05060
WALGREENS #03876
WALGREENS #05119
WALGREENS #06553
WALGREENS #07453
WALGREENS #07833
WALGREENS #09476
WALGREENS #10557
WALGREENS #10770
WALGREENS #10855
WALGREENS #10985
WALGREENS #11710
WALGREENS #11942
WALGREENS #11957

WALGREENS #12393
WALGREENS #5306
WALGREENS #5885
WALGREENS 07996
WALGREENS CO DBA
WAL-MART PHARMACIES #10-0753
WAL-MART PHARMACY #10-0646
WAL-MART PHARMACY #10-0750
WAL-MART PHARMACY #10-0797
WAL-MART PHARMACY #10-1005
WAL-MART PHARMACY #10-1241
WAL-MART PHARMACY #10-1285
WAL-MART PHARMACY #10-1332
WAL-MART PHARMACY #10-1361
WAL-MART PHARMACY #10-1393
WAL-MART PHARMACY #10-1431
WAL-MART PHARMACY #10-1435
WAL-MART PHARMACY #10-1496
WAL-MART PHARMACY #10-1506
WAL-MART PHARMACY #10-1509
WAL-MART PHARMACY #10-1625
WAL-MART PHARMACY #10-1721
WAL-MART PHARMACY #10-1787
WAL-MART PHARMACY #10-3394
WAL-MART PHARMACY #10-5115
WAL-MART PHARMACY 10-1491
WAL-MART PHARMACY 10-1528
WAL-MART PHARMACY 10-1723
WAL-MART PHARMACY 10-1732
WAL-MART PHARMACY 10-2714
WAL-MART PHARMACY 10-2716
WAL-MART PHARMACY 10-2827
WAL-MART PHARMACY 10-2889
WAVERLY HEALTH CENTER
WEBSTER COUNTY HEALTH DEPARTMENT
WESTERN IOWA DENTAL GROUP
WINNESHIEK MEDICAL CENTER
WOMENS HEALTH SERVICES EASTERN IOWA

Highland, Matt

From: Allison, Julie A. <jalliso1@dhs.state.ia.us>
Sent: Thursday, December 14, 2017 3:44 PM
To: Wendy Rickman
Subject: Re: State Family Planning Program Expenditures

ok so our numbers for quarter one expenditures on the FPP report is \$115,861.05, Jason's report is \$97,677.13- can be explained by when a person pulls the data
Enrollment: FPP report for Point in time pull October 2017 is 6,897, Jason's report is 6,897- GOOD
I am going to ask Matt and Rebecca when they pulled the data and then Jason for our own information

Talked to Jean and Joe about the data and Joe does not think they will be sharing the data.

On Thu, Dec 14, 2017 at 2:35 PM, Julie A. Allison <jalliso1@dhs.state.ia.us> wrote:
Pretty sure these do not match the numbers IME have for the FPP report. Would imagine it depends on the time they did the actual pull. With that being said SFY 17 should match. Will check when I get back from IDPH shortly

On Thu, Dec 14, 2017 at 2:17 PM Wendy Rickman <wrickma@dhs.state.ia.us> wrote:
Fyi. Any concerns?

----- Forwarded message -----

From: Havig, Joe B <jhavig@dhs.state.ia.us>
Date: Thu, Dec 14, 2017 at 2:15 PM
Subject: State Family Planning Program Expenditures
To: Jean M Slaybaugh <jslayba@dhs.state.ia.us>, Wendy Rickman <wrickma@dhs.state.ia.us>, Buls, Jason A <jbulso@dhs.state.ia.us>

Jean and Wendy,
Jess and Sandi had both been asking about state family planning program expenditures, so Jason worked with IME to develop the attached. Not sure we'll want to present anything at tomorrow's projection meeting, but wanted to make sure you saw this in case questions get asked tomorrow. Note there are two tabs; one with the data and one presenting it in a line chart.

Please let me know if you would like to discuss further.

--

Joe Havig
Iowa Department of Human Services
Division of Fiscal Management
515-281-6022

--

Julie Allison, MPA

Child Care Bureau Chief

Iowa Department of Human Services/Division of Adult, Children and Family Services

1305 East Walnut, Hoover State Office Bldg., 5th floor, Des Moines, Ia. 50319-0114

Phone: 1-515-281-6177

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Julie Allison, MPA

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Highland, Matt

From: Wendy Rickman <wrickma@dhs.state.ia.us>
Sent: Thursday, December 14, 2017 3:16 PM
To: Jean Slaybaugh
Subject: Fwd: State Family Planning Program Expenditures

Fyi. We're looking into it

----- Forwarded message -----

From: Julie A. Allison <jalliso1@dhs.state.ia.us>
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Joe Havig
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Division of Fiscal Management
515-281-6022

--

Julie Allison, MPA

Child Care Bureau Chief

Highland, Matt

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To: Jean M Slaybaugh <jslayba@dhs.state.ia.us>, Wendy Rickman <wrickma@dhs.state.ia.us>, Buls, Jason A <jbuls@dhs.state.ia.us>

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Joe Havig
Iowa Department of Human Services
Division of Fiscal Management
515-281-6022
--

Julie Allison, MPA

Child Care Bureau Chief

Iowa Department of Human Services/Division of Adult, Children and Family Services

1305 East Walnut, Hoover State Office Bldg., 5th floor, Des Moines, Ia. 50319-0114

Phone: 1-515-281-6177

Fax: 515-281-6248

Highland, Matt

From: Slaybaugh, Jean M <jslayba@dhs.state.ia.us>
Sent: Thursday, December 14, 2017 2:29 PM
To: Havig, Joe B
Cc: Wendy Rickman; Buls, Jason A
Subject: Re: State Family Planning Program Expenditures

Wendy -

Did Julie give you an eta on the additional research/data to help explain the drop that we are seeing in July?

Joe -

I know Jess and Sandi have been asking for a while but I would like to have some sense of what is going on before we share - if possible.

Jason/Joe -

Will also want to watch this to make sure we didn't end up with claims reporting under Medicaid - and if we did - ensure appropriate adjustments get made.

On Thu, Dec 14, 2017 at 2:15 PM, Havig, Joe B <jhavig@dhs.state.ia.us> wrote:

Jean and Wendy,

Jess and Sandi had both been asking about state family planning program expenditures, so Jason worked with IME to develop the attached. Not sure we'll want to present anything at tomorrow's projection meeting, but wanted to make sure you saw this in case questions get asked tomorrow. Note there are two tabs; one with the data and one presenting it in a line chart.

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Joe Havig
Iowa Department of Human Services
Division of Fiscal Management
515-281-6022

--

Jean M. Slaybaugh
Chief Financial Officer
515-281-4987

Highland, Matt

From: Wendy Rickman <wrickma@dhs.state.ia.us>
Sent: Thursday, December 14, 2017 2:17 PM
To: Julie Allison; Lovelady, Julie
Subject: Fwd: State Family Planning Program Expenditures
Attachments: Family Planning Program Summary.xlsx

Fyi. Any concerns?

----- Forwarded message -----

From: Havig, Joe B <jhavig@dhs.state.ia.us>
Date: Thu, Dec 14, 2017 at 2:15 PM
Subject: State Family Planning Program Expenditures
To: Jean M Slaybaugh <jslayba@dhs.state.ia.us>, Wendy Rickman <wrickma@dhs.state.ia.us>, Buls, Jason A <jbuls@dhs.state.ia.us>

Jean and Wendy,
Jess and Sandi had both been asking about state family planning program expenditures, so Jason worked with IME to develop the attached. Not sure we'll want to present anything at tomorrow's projection meeting, but wanted to make sure you saw this in case questions get asked tomorrow. Note there are two tabs; one with the data and one presenting it in a line chart.

Please let me know if you would like to discuss further.

--

Joe Havig
Iowa Department of Human Services
Division of Fiscal Management
515-281-6022

IFPN Data Pull - Service Date

SFY17	SrvYear	SrvMonth	NumClaims	Enrollment	Recipients	TotalPaid
July	2016	7	5,162	14,289	3,420	\$265,649.13
August	2016	8	5,951	14,077	3,755	\$312,737.77
September	2016	9	5,324	13,713	3,355	\$304,513.33
October	2016	10	4,997	13,166	3,020	\$301,476.69
November	2016	11	4,411	12,634	2,832	\$244,129.57
December	2016	12	4,375	12,219	2,750	\$249,555.77
January	2017	1	4,129	11,317	2,637	\$245,018.35
February	2017	2	3,979	10,769	2,619	\$239,580.84
March	2017	3	3,854	10,314	2,444	\$242,525.19
April	2017	4	3,205	9,754	2,106	\$189,255.82
May	2017	5	3,289	9,179	2,133	\$212,341.15
June	2017	6	2,856	8,570	1,875	\$189,764.31
			11,667	8,237	\$2,996,547.92	

FPP Data Pull - Service Date

SFY18	SrvYear	SrvMonth	NumClaims	Enrollment	Recipients	TotalPaid
July	2017	7	447	8,207	380	\$27,813.40
August	2017	8	568	7,461	466	\$38,224.04
September	2017	9	517	7,154	415	\$31,639.69
October	2017	10	535	6,897	431	\$32,036.57
			7,430	423	\$129,713.70	

Highland, Matt

From: Havig, Joe B <jhavig@dhs.state.ia.us>
Sent: Thursday, December 14, 2017 2:15 PM
To: Jean M Slaybaugh; Wendy Rickman; Buls, Jason A
Subject: State Family Planning Program Expenditures
Attachments: Family Planning Program Summary.xlsx

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--

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Iowa Department of Human Services
Division of Fiscal Management
515-281-6022

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Highland, Matt

From: Wendy Rickman <wrickma@dhs.state.ia.us>
Sent: Thursday, December 14, 2017 10:31 AM
To: Jenine Henry
Subject: Fwd: Version 9 FPP report/December 15th 3 p.m. Room 128 IME
Attachments: FFP Report 2017 v9.docx

Please print for me. Thanks.

----- Forwarded message -----

From: Allison, Julie A. <jalliso1@dhs.state.ia.us>
Date: Thu, Dec 14, 2017 at 10:24 AM
Subject: Version 9 FPP report/December 15th 3 p.m. Room 128 IME
To: Julie Lovelady <jlovela@dhs.state.ia.us>, Wendy Rickman <wrickma@dhs.state.ia.us>, Denise Wheeler <denise.wheeler@idph.iowa.gov>, Kane, Debbie <debbie.kane@idph.iowa.gov>, Johnson, Deborah <djohnso6@dhs.state.ia.us>, Kim Laube <klaube@lfsiowa.org>, Martin Cannon <mcannonlaw@gmail.com>, Jodi Tomlonovic <jtomlonovic@fpcouncil.com>, Amela Alibasic <aalibas@dhs.state.ia.us>, Lindsay, Kelly <klindsa@dhs.state.ia.us>, Matt Briggs <mbriggs@dhs.state.ia.us>, Merea Bentrott <mbentro@dhs.state.ia.us>, <elizabeth-momany@uiowa.edu>

Good morning,

Attached you will find the updated DRAFT FPP report (not for distribution). Please note the following:

- Report Summary p. 1 has been updated
- Data dictionary elements now are reflected within each respective chart
- All data has been submitted and is reflected in the chart.

On December 15th we will be discussing the report.

Thanks,
Julie

--

Julie Allison, MPA

Child Care Bureau Chief

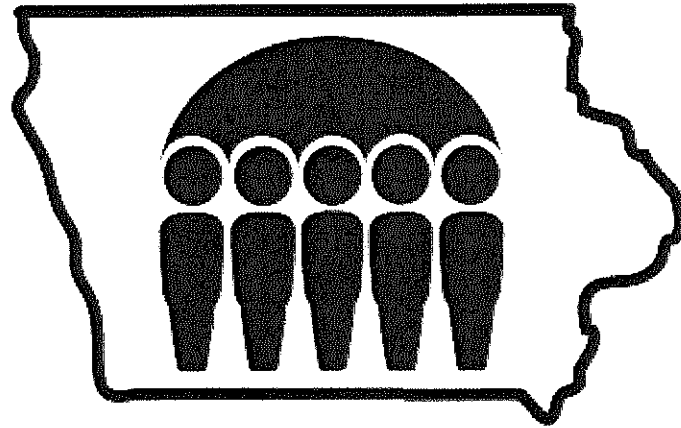
Iowa Department of Human Services/Division of Adult, Children and Family Services

1305 East Walnut, Hoover State Office Bldg., 5th floor, Des Moines, Ia. 50319-0114

Phone: 1-515-281-6177

Fax: 515-281-6248

Iowa Department of Human Services



Family Planning Program

Previously Iowa Family Planning Waiver

January 2018

Report Summary: Family Planning Program

Introduction

House File 653 directed the Department of Human Services to discontinue the Iowa Family Planning Network (IFPN) waiver, create a Family Planning Program (FPP) to replicate eligibility requirements and other provisions and defined who can provide FPP services effective July 1, 2017.

Background

The Family Planning Program (FPP) is for men and women who are 12-54 years of age. The FPP helps with the cost of family planning related services. The FPP is a state-funded DHS program which replaced the Iowa Family Planning Network (IFPN) program. Eligibility and covered benefits did not change. The location where members receive services may have changed. As of July 1, 2017, eligible IFPN members transitioned to the FPP. This program allows men and women to get family planning services only. This program is a form of limited benefit coverage. It does not meet the Affordable Care Act requirements for a minimum essential benefits plan.

Data Metrics

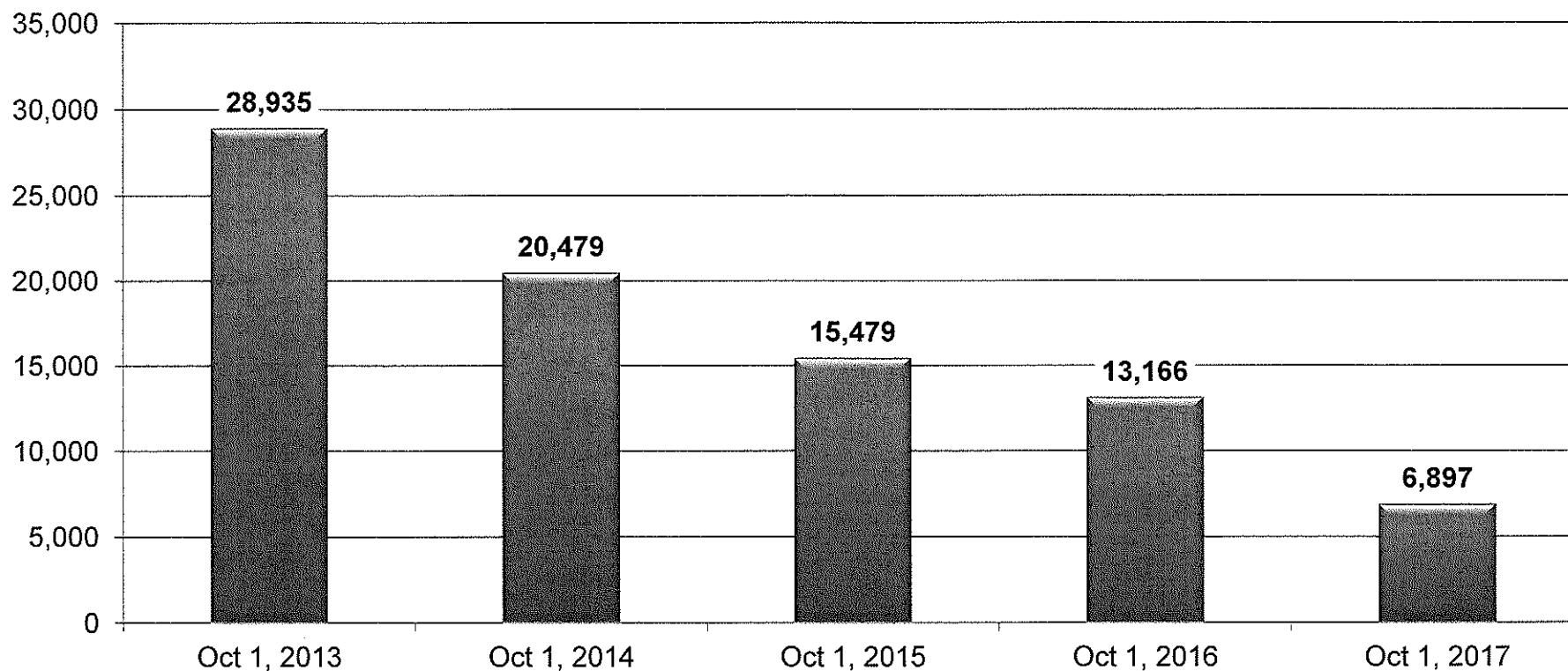
The Department of Human Services assembled a workgroup of internal and external stakeholders to develop data metrics and a data dictionary to support the work. Data workgroup representatives consisted of the Iowa Department of Human Services, Iowa Department of Public Health, Family Planning Council of Iowa and Iowa Right to Life. The collection and reporting of aggregate data time periods (SFY15 vs. SFY18) were intentionally chosen so that fee-for-service IFPN vs. fee-for-service FPP could be compared.

The FPP and IFPN are programs with limited benefits and declining enrollment due to increased health care coverage, as FPP and IFPN do not meet the Affordable Care Act (ACA) definition of 'minimal essential coverage.'

Data collected for the report comes from a variety of systems, including eligibility and claims systems. Data sources are reflected within the report.

It is important to note that the timeline for reimbursement of medical claims may impact a majority of the data elements within the report. The filing of most medical claims in a clinic-type setting typically run months behind from the actual date of service. For example, if a clinical service with a physician is rendered on August 1, it may take 2-3 months for the bill to be submitted by the provider. Additionally, it may take 10-15 days for the claim to be paid. This timeline is not applicable to pharmacy claims as those claims are typically filed immediately.

Figure 1: Number of Enrolled Members

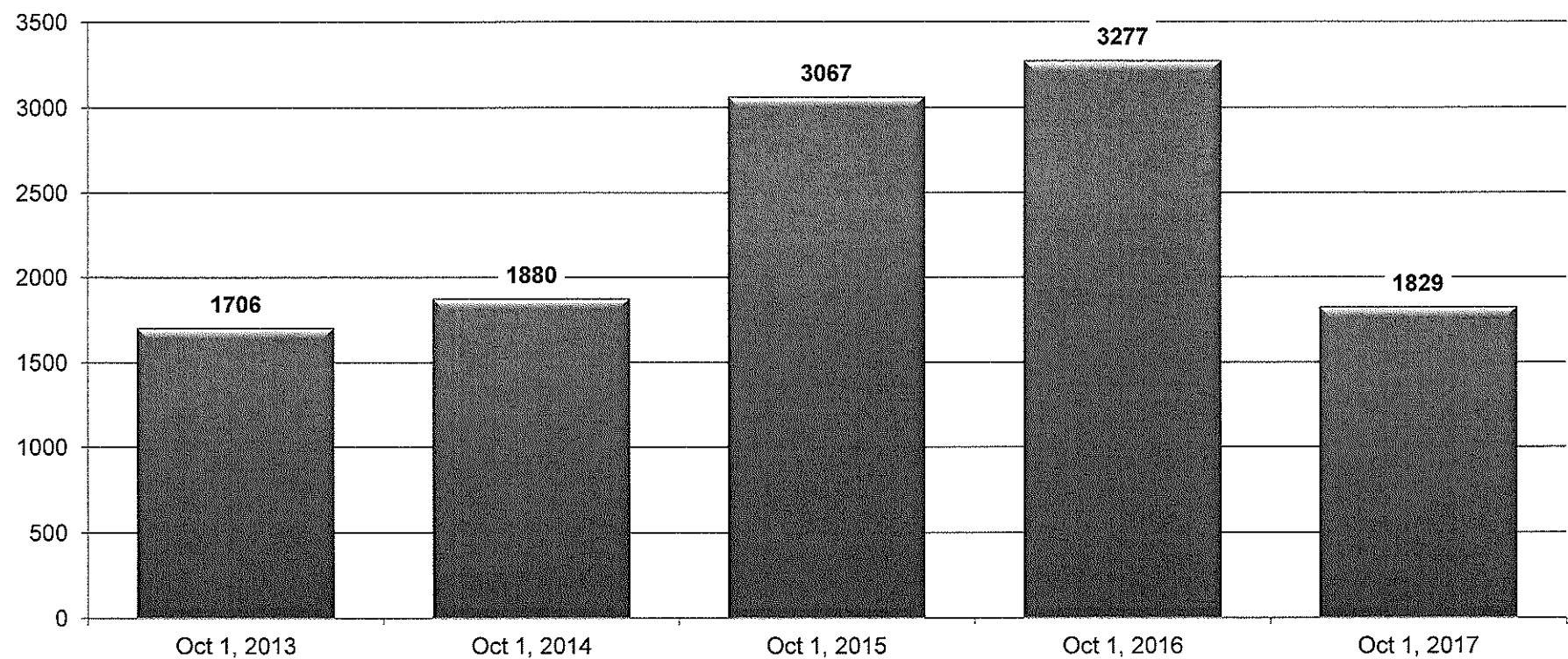


Data Source: Medicaid Management Information System

The FPP and IFPN are programs with limited benefits and declining enrollment due to increased health care coverage, as FPP and IFPN do not meet the Affordable Care Act (ACA) definition of 'minimal essential coverage.'

Abstract: This data source contains an unduplicated count of all persons who meet program eligibility criteria and have enrolled in the Iowa Family Planning Waiver ¹between 10.01.13 and 06.30.17 or in the Family Planning Program between 07.01.17 and the present. Enrolled persons may not have yet obtained services.

Figure 2: Enrolled FPP Members Claiming Confidentialty

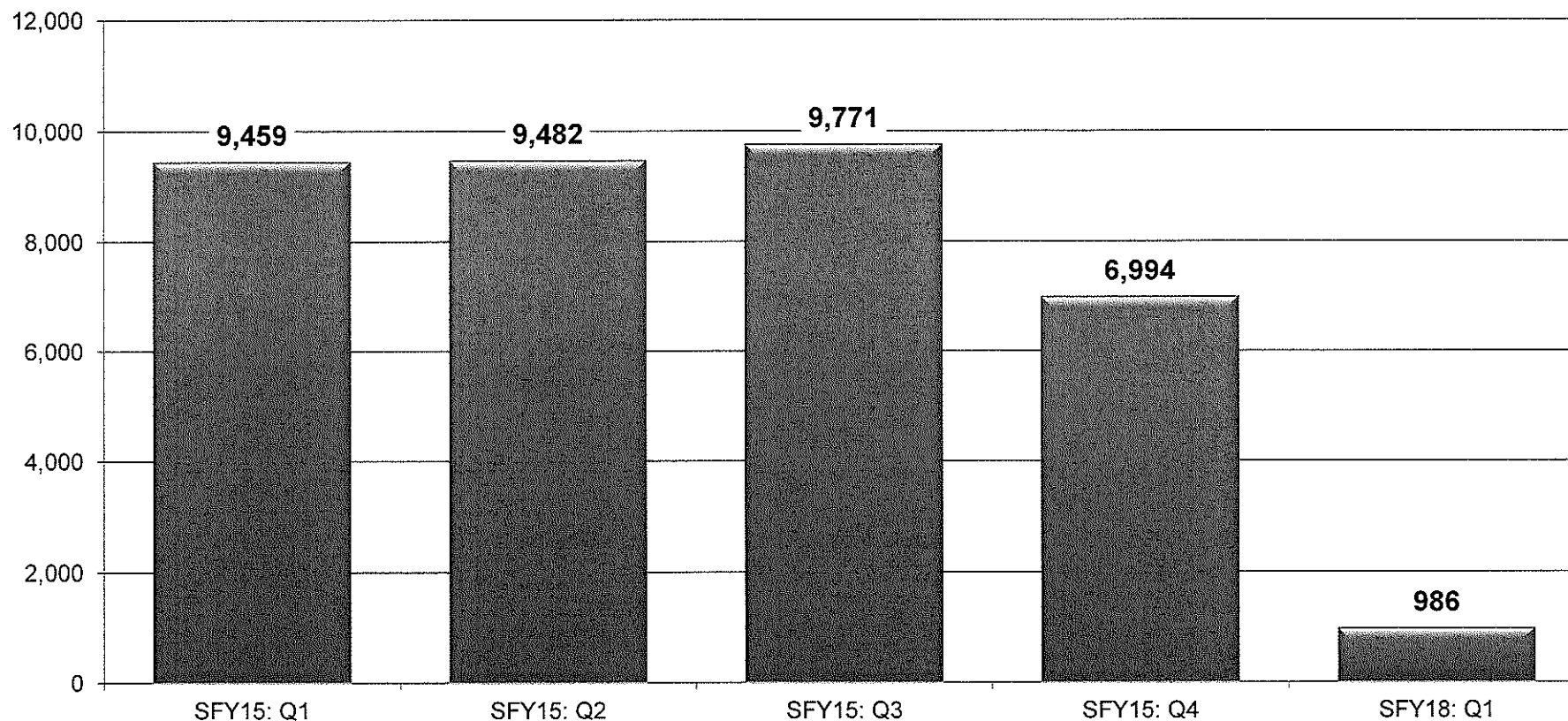


Duplicated Enrolled Members' Numbers (may include members enrolled in Medicaid due to a pregnancy ending)
Data Source: Family Planning Program Eligibility System

¹ The Iowa Family Planning Waiver began on 02/01/2006

Abstract: Duplicated count of members claiming confidentiality good cause. A person covered under group or private health insurance can claim good cause for not cooperating in filing a claim for health insurance if the person is fearful of the consequences. A person can claim good cause due to confidentiality if the person is fearful of the consequences. Claiming confidentiality does not prevent correspondence from being mailed. A person must provide an alternate address for mailing purposes.

Figure 3: Services Accessed by Members



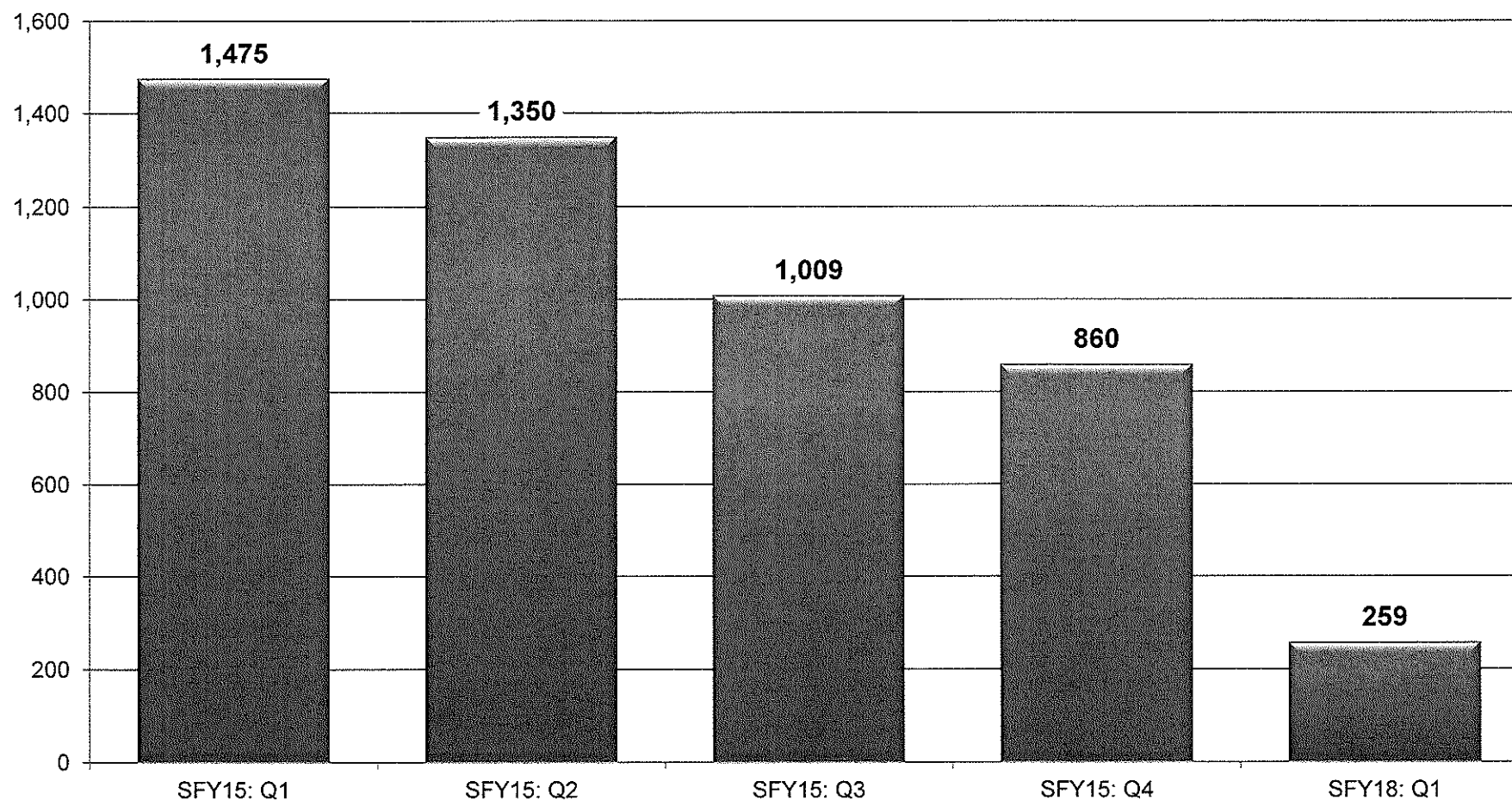
Data Source: Medicaid Management Information System

Abstract: Distinct count of the number of members who accessed services or had a prescription filled, by quarter during State Fiscal Year (SFY) 2015² and SFY 2018 Quarter 1 (July, August, and September 2017) by members enrolled in IFPN or FPP. The count is based on Current Procedural Terminology(CPT) codes and a single client may have accessed several services (i.e. preventive visit that includes height and weight check, blood pressure and hematocrit). Services access counts are based on the date the service was reimbursed.

DRAFT

² SFY 2015 – Quarter 1: July, Aug, Sep, 2014; Quarter 2: Oct., Nov., Dec., 2014; Quarter 3: Jan., Feb., March 2015; Quarter 4: Apr., May, June 2015

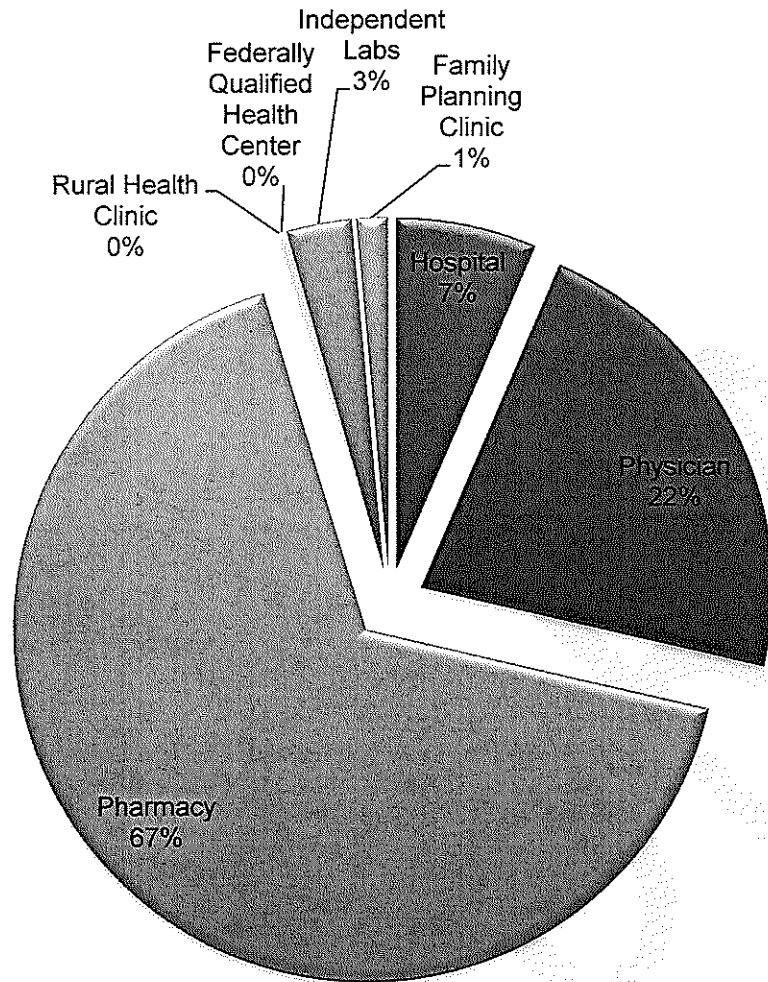
Figure 4: Unique Provider Count



Data Source: Medicaid Management Information System

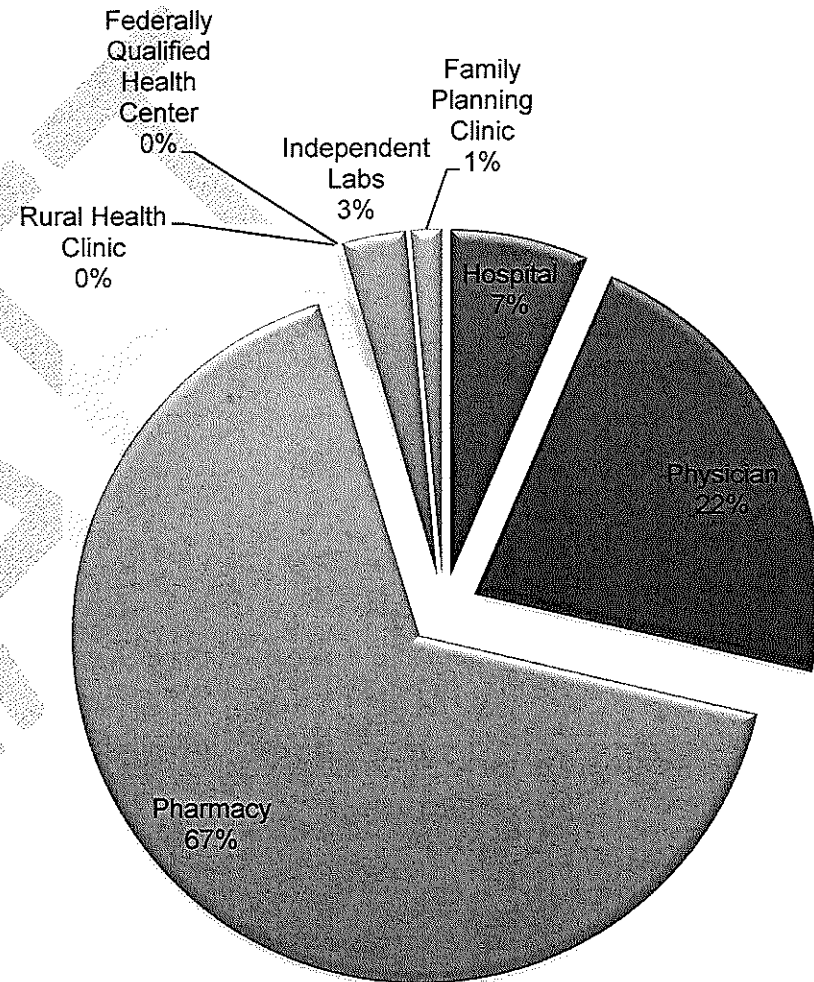
Abstract: Count of unique providers by quarter during SFY 2015 and SFY 2018 Quarter 1 including clinicians, clinic sites including family planning clinics, federally qualified health care centers, rural health clinics, as well as laboratories, and pharmacy services based on the providers' National Provider Identification Number (NPI).

Figure 5: Provider Participation SFY15: Q3



Data Source: Division of Data Management

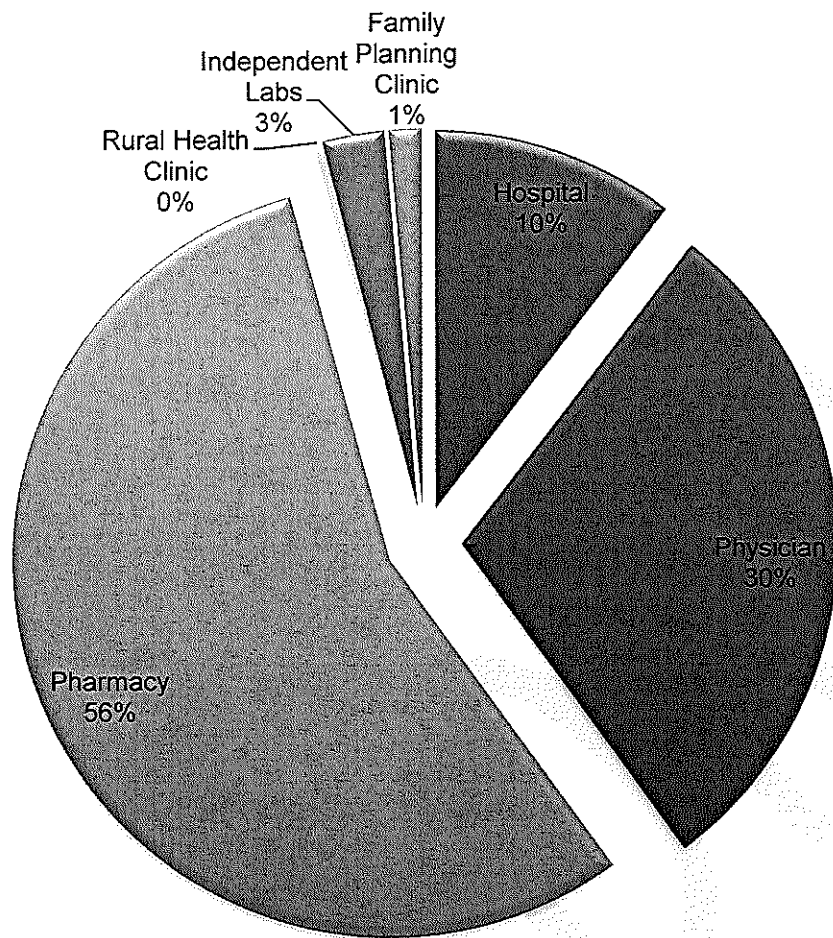
Figure 6: Provider Participation SFY15: Q4



Data Source: Division of Data Management

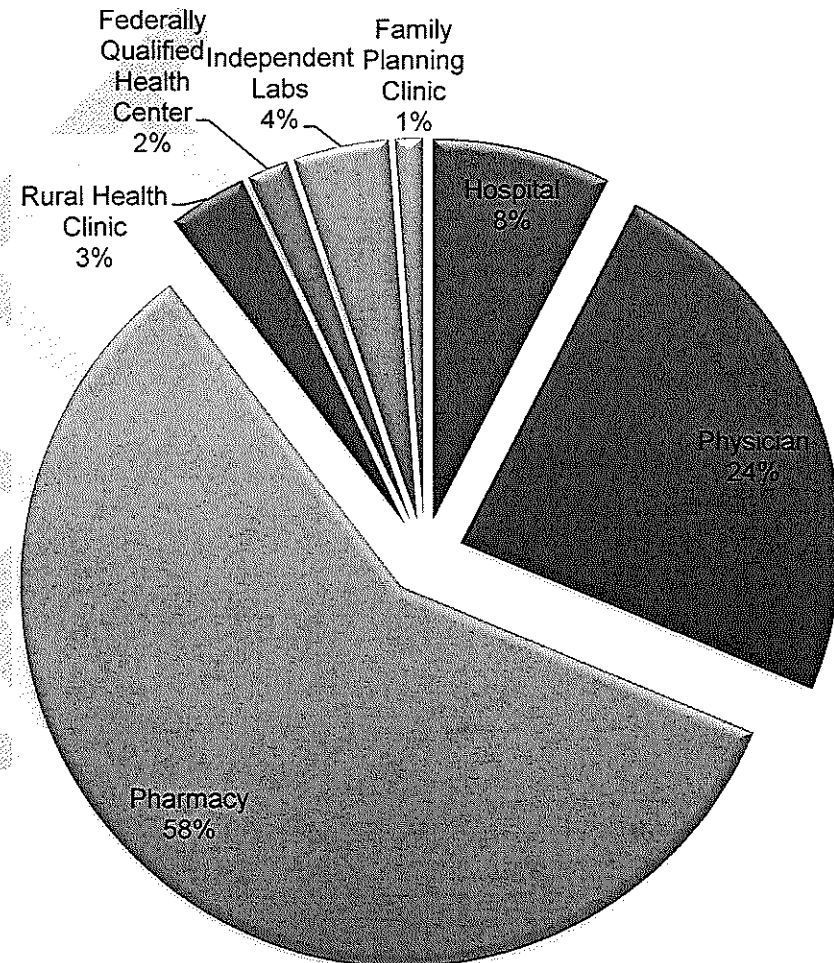
Abstract: Percentage of unique providers and provider types based on unique counts

Figure 7: Provider Participation SFY15: Q1



Data Source: Division of Data Management
 Federally Qualified Health Center information not collected.

Figure 8: Provider Participation SFY18: Q1



Data Source: Division of Data Management

Abstract: Percentage of unique providers and provider types based on unique counts

Iowa Public Health Regions Map

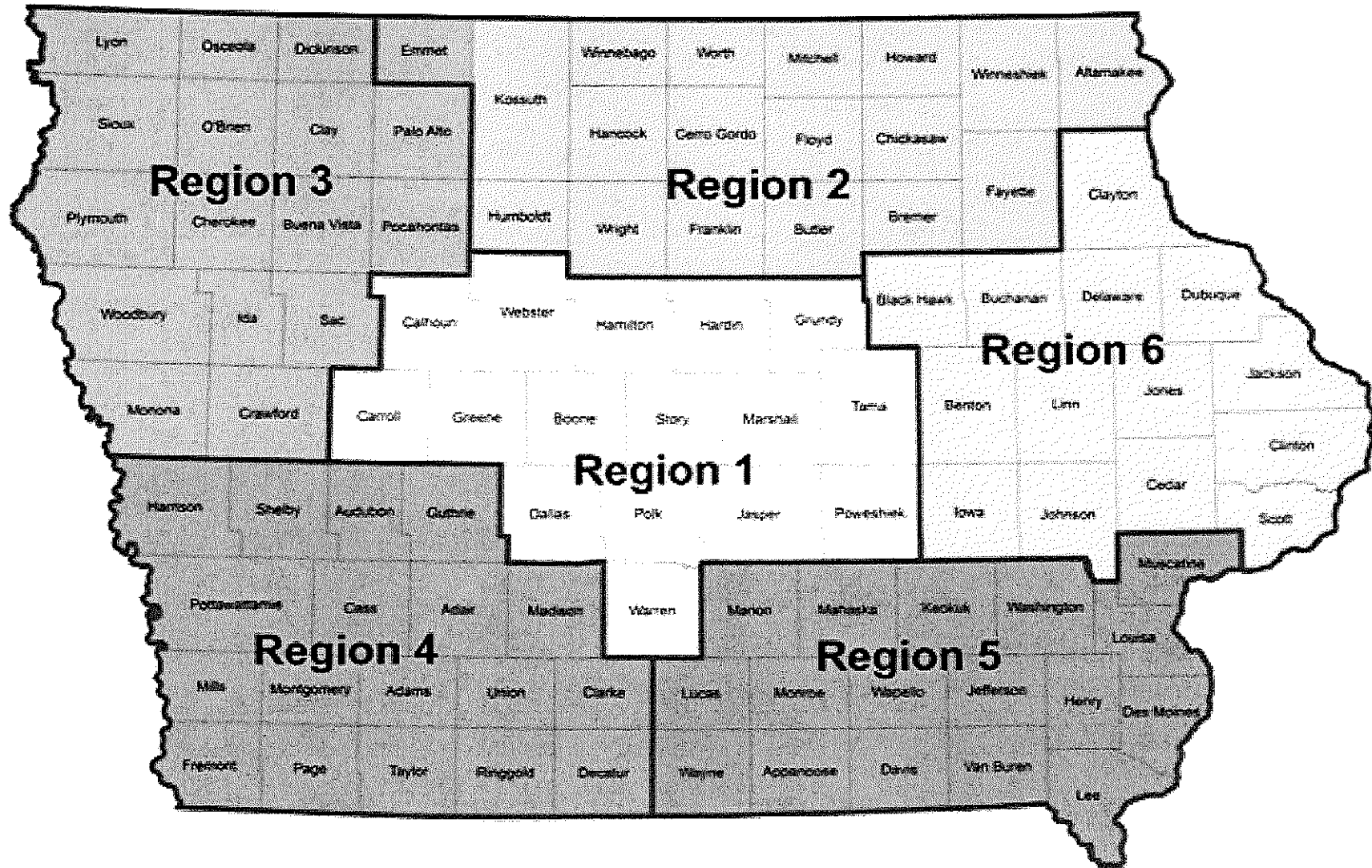
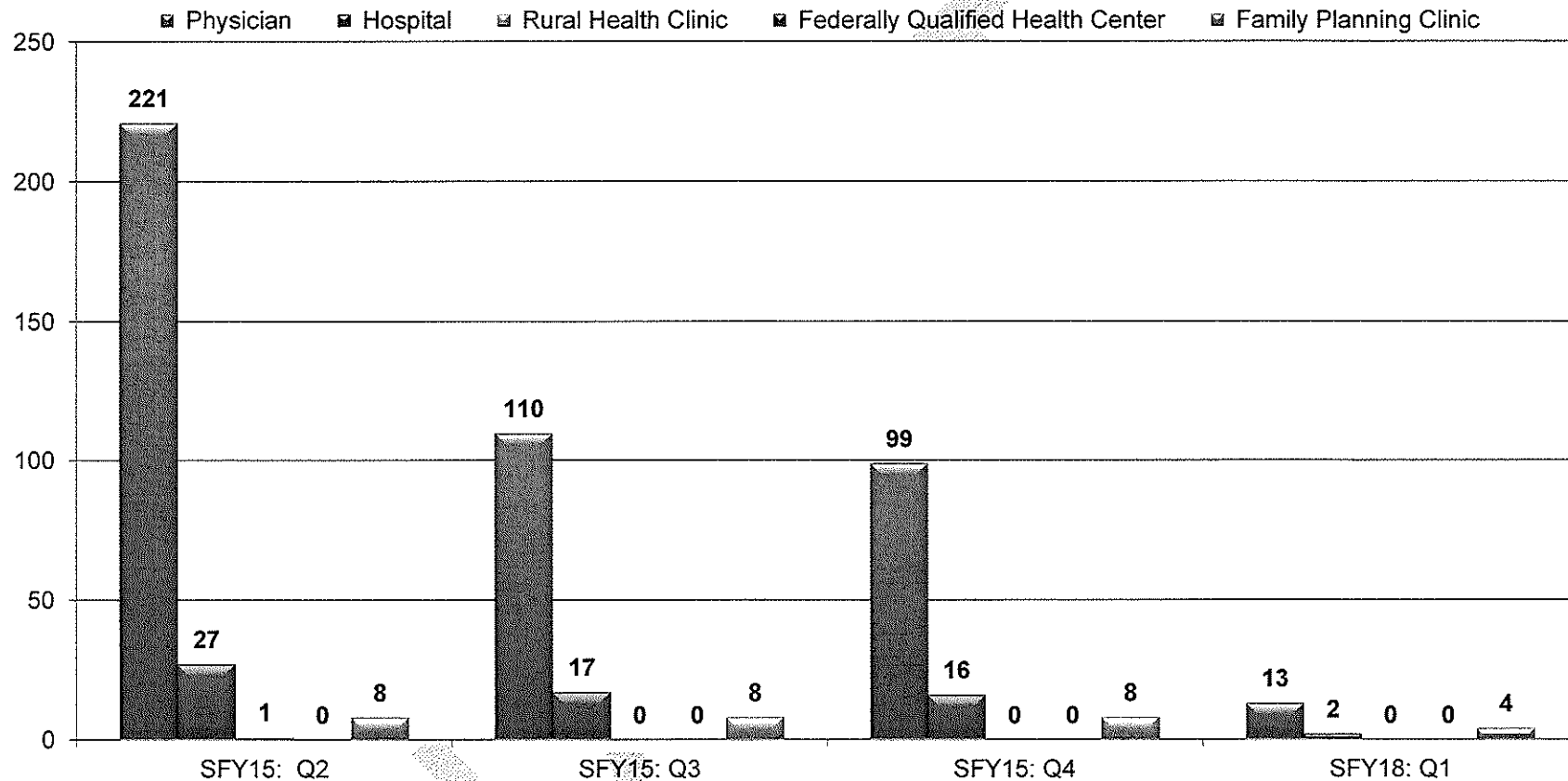


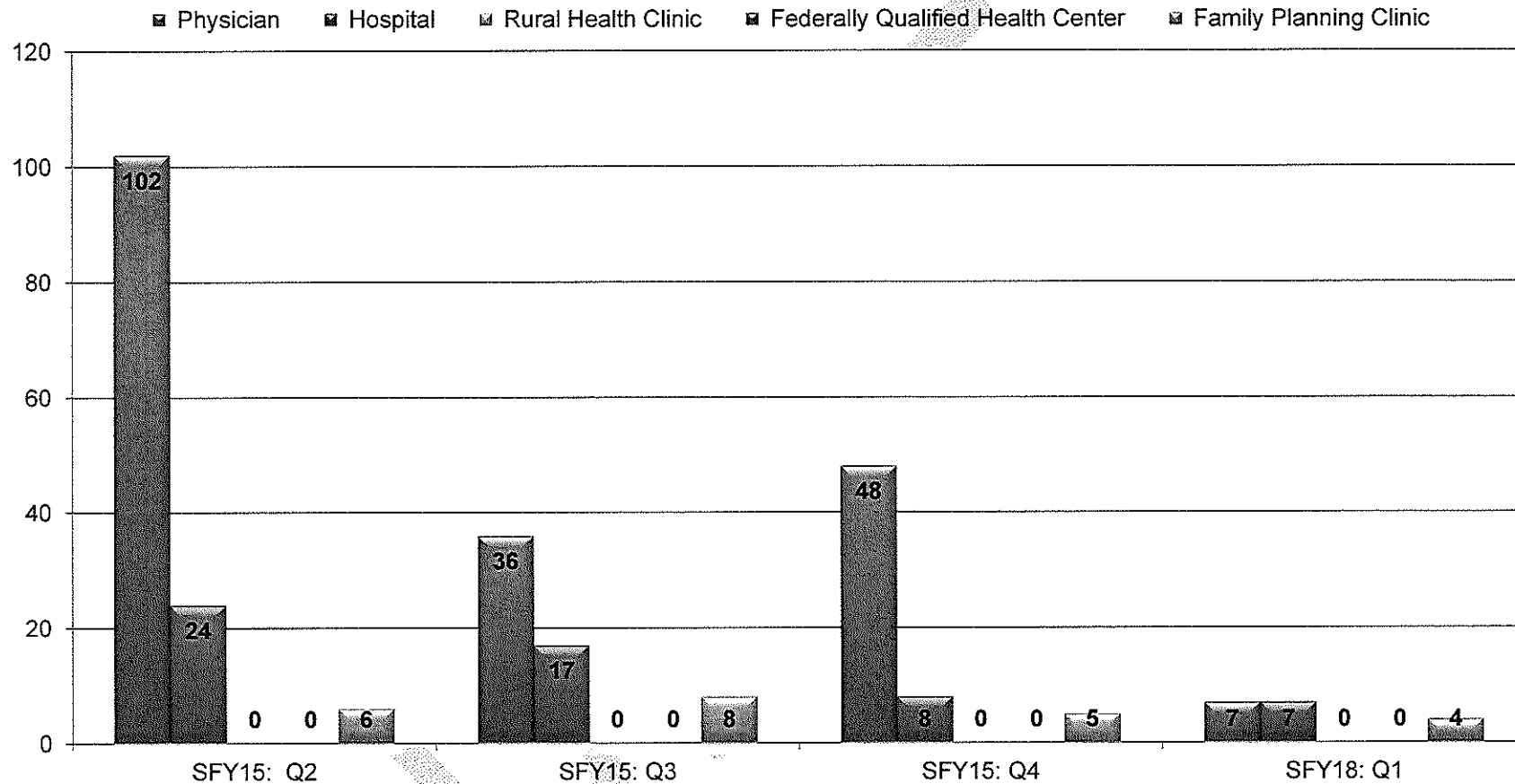
Figure 9: Provider Participation Public Health Region 1 - Central Iowa



Data Source: Medicaid Management Information System

Abstract: Percentage of unique providers and provider types by quarter during SFY 2015 and SFY 2018 Quarter 1 based on unique counts in PHR 1

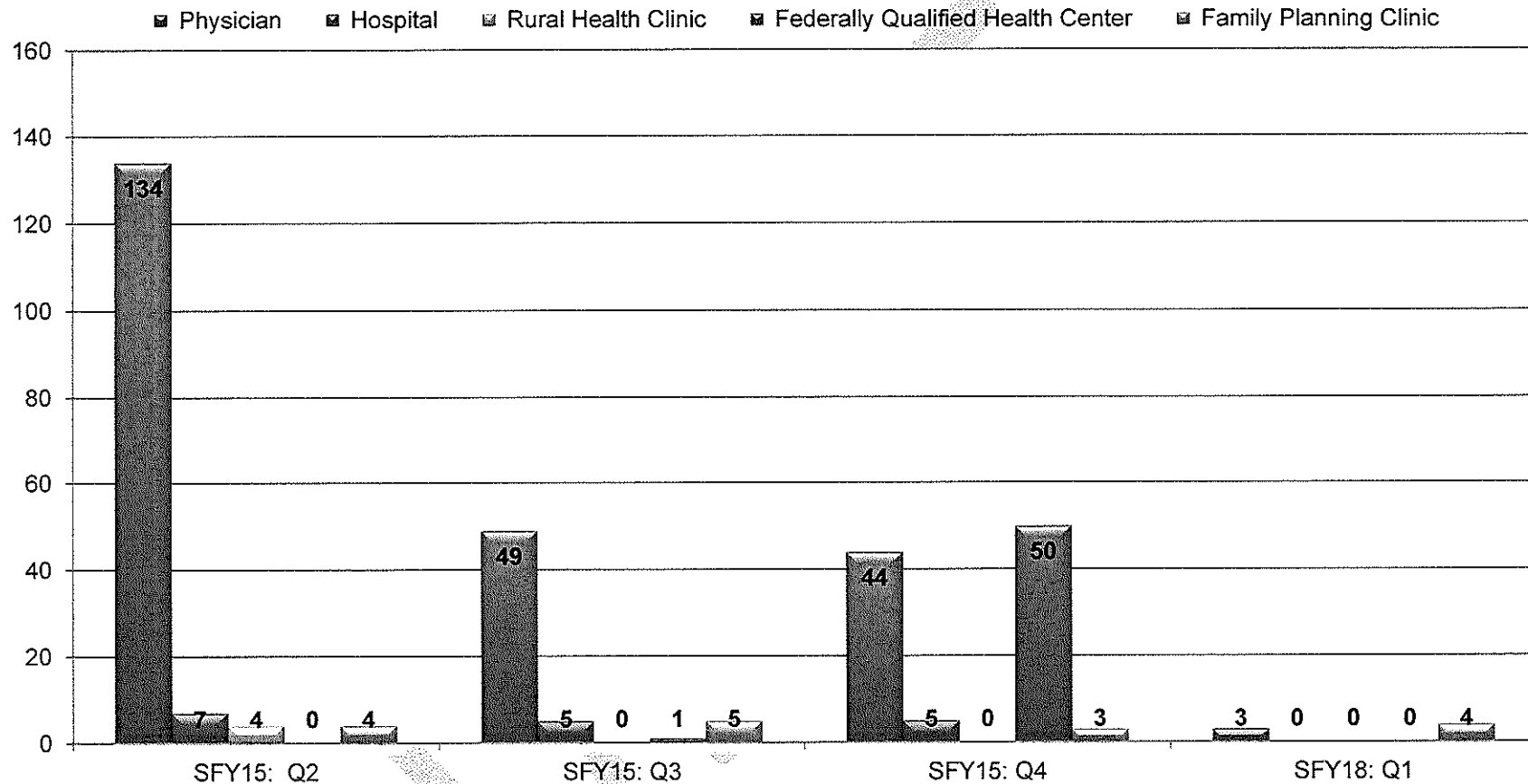
Figure 10: Provider Participation Public Health Region 2 - North Iowa



Data Source: Medicaid Management Information System

Abstract: Percentage of unique providers and provider types by quarter during SFY 2015 and SFY 2018 Quarter 1 based on unique counts in PHR 2

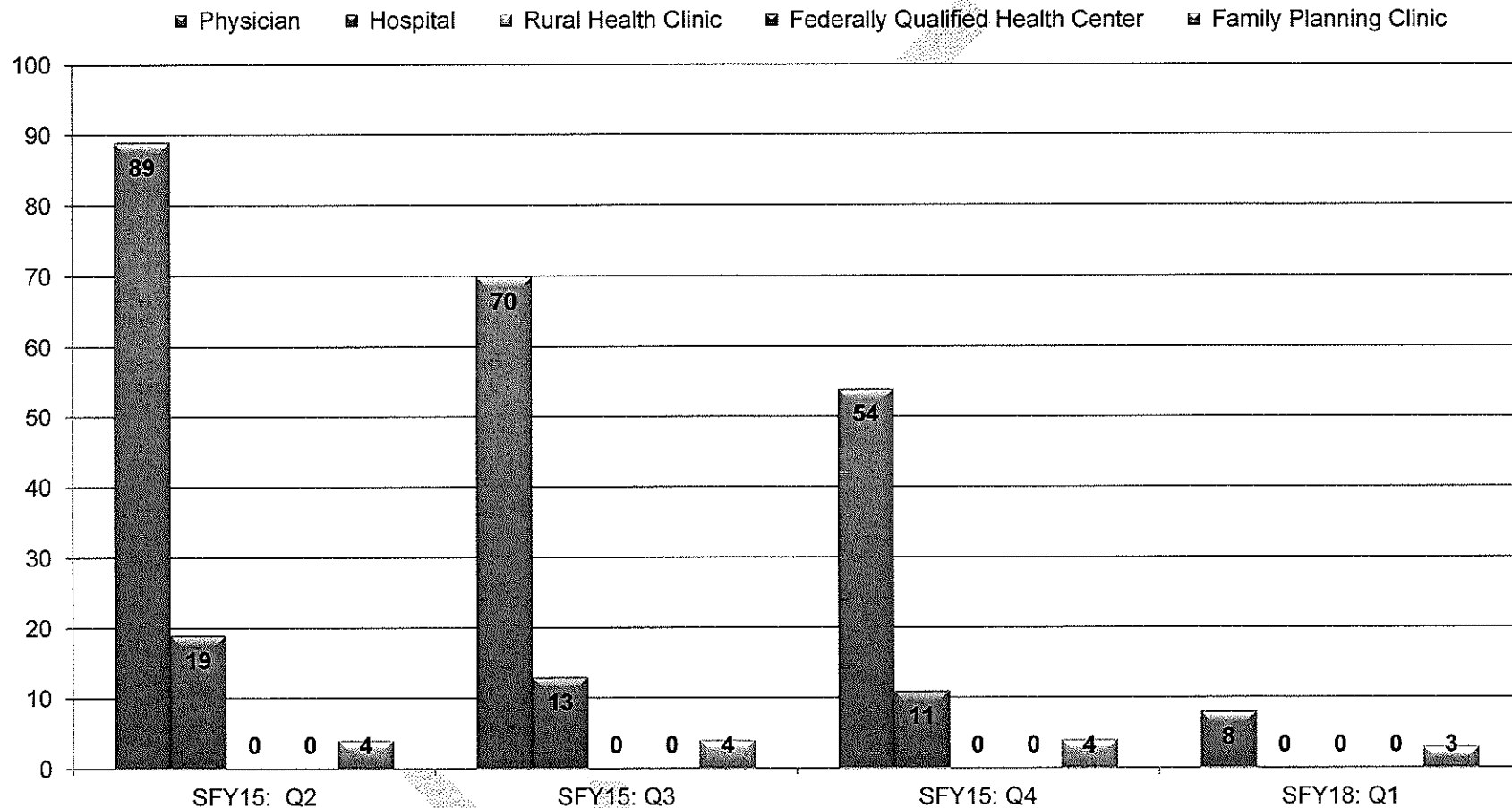
Figure 11: Provider Participation Public Health Region 3 - Northwest Iowa



Data Source: Medicaid Management Information System

Abstract: Percentage of unique providers and provider types by quarter during SFY 2015 and SFY 2018 Quarter 1 based on unique counts in PHR 3

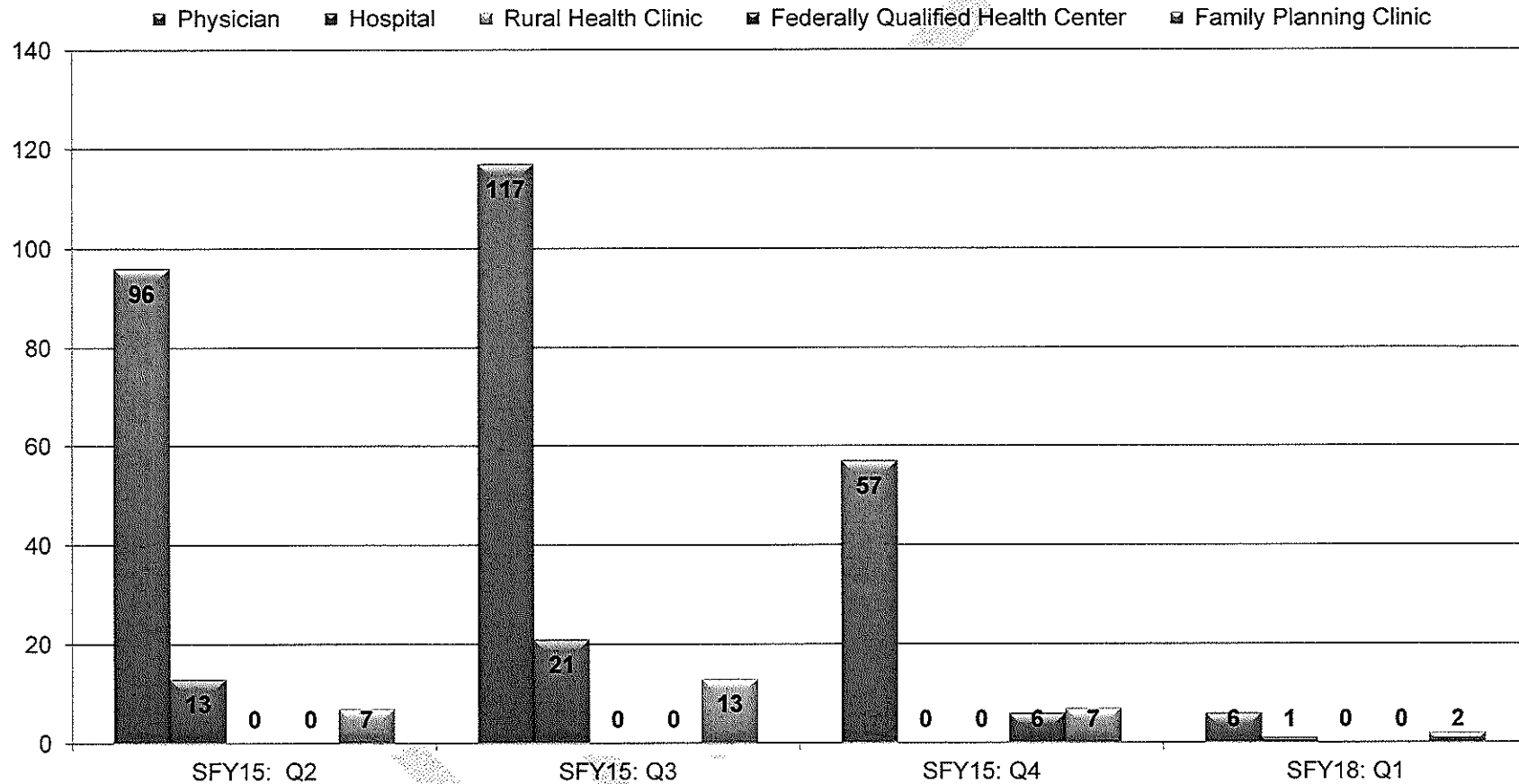
Figure 12: Provider Participation Public Health Region 4 - Southwest Iowa



Data Source: Medicaid Management Information System

Abstract: Percentage of unique providers and provider types by quarter during SFY 2015 and SFY 2018 Quarter 1 based on unique counts in PHR 4

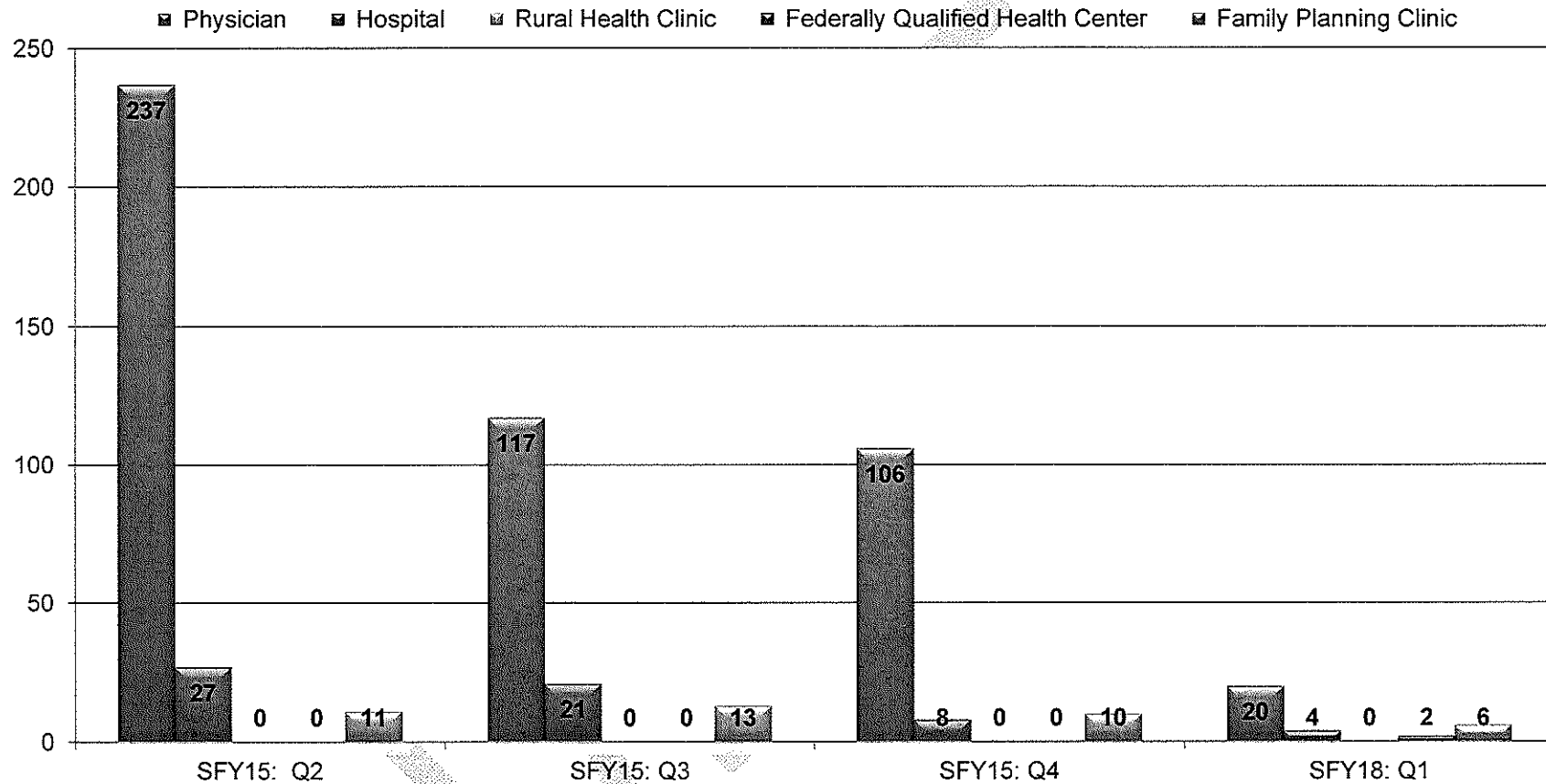
Figure 13: Provider Participation Public Health Region 5 - Southeast Iowa



Data Source: Medicaid Management Information System

Abstract: Percentage of unique providers and provider types by quarter during SFY 2015 and SFY 2018 Quarter 1 based on unique counts in PHR 5

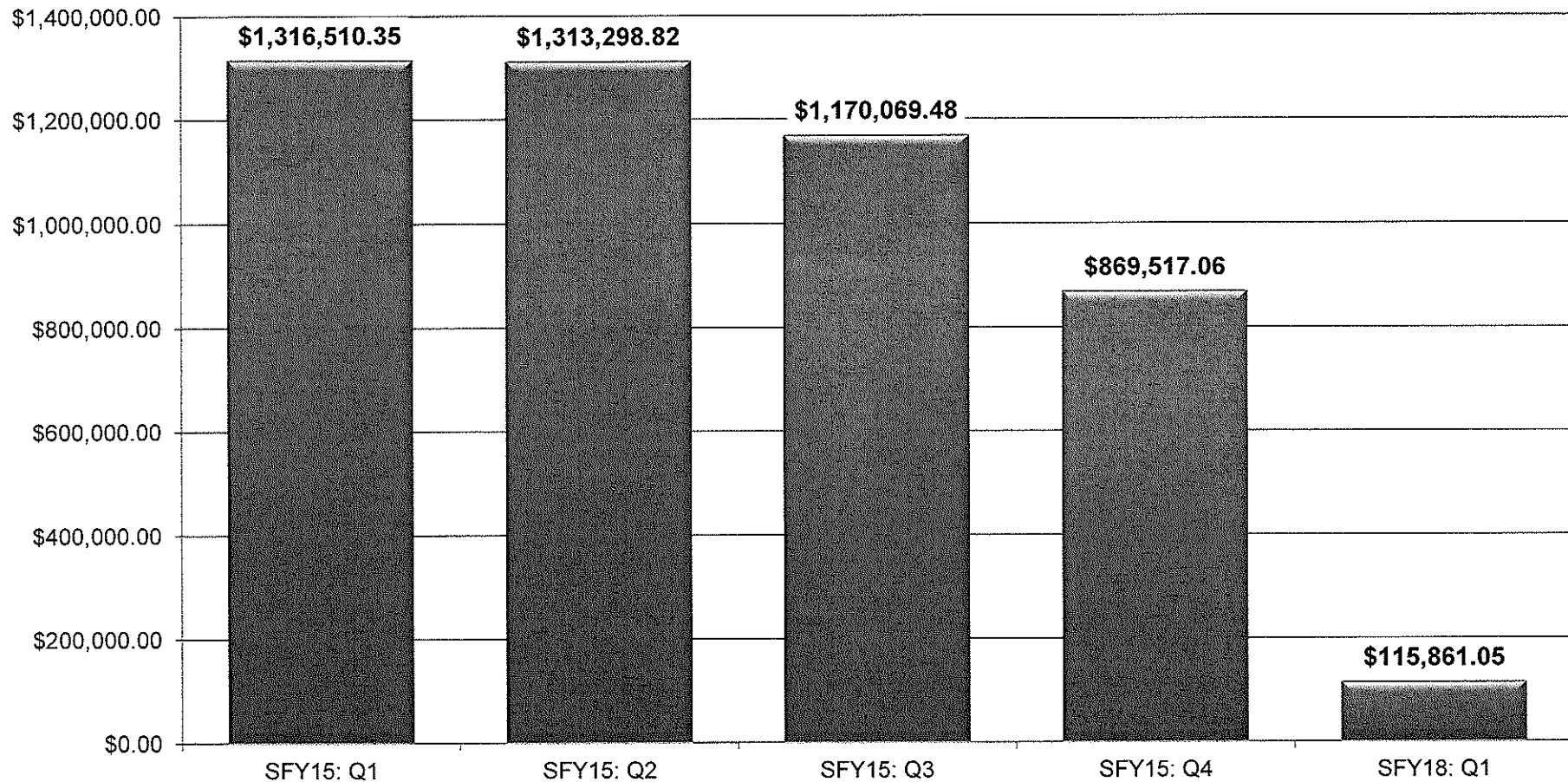
Figure 14: Provider Participation Public Health Region 6 - East Central Iowa



Data Source: Medicaid Management Information System

Abstract: Percentage of unique providers and provider types by quarter during SFY 2015 and SFY 2018 Quarter 1 based on unique counts in PHR 6

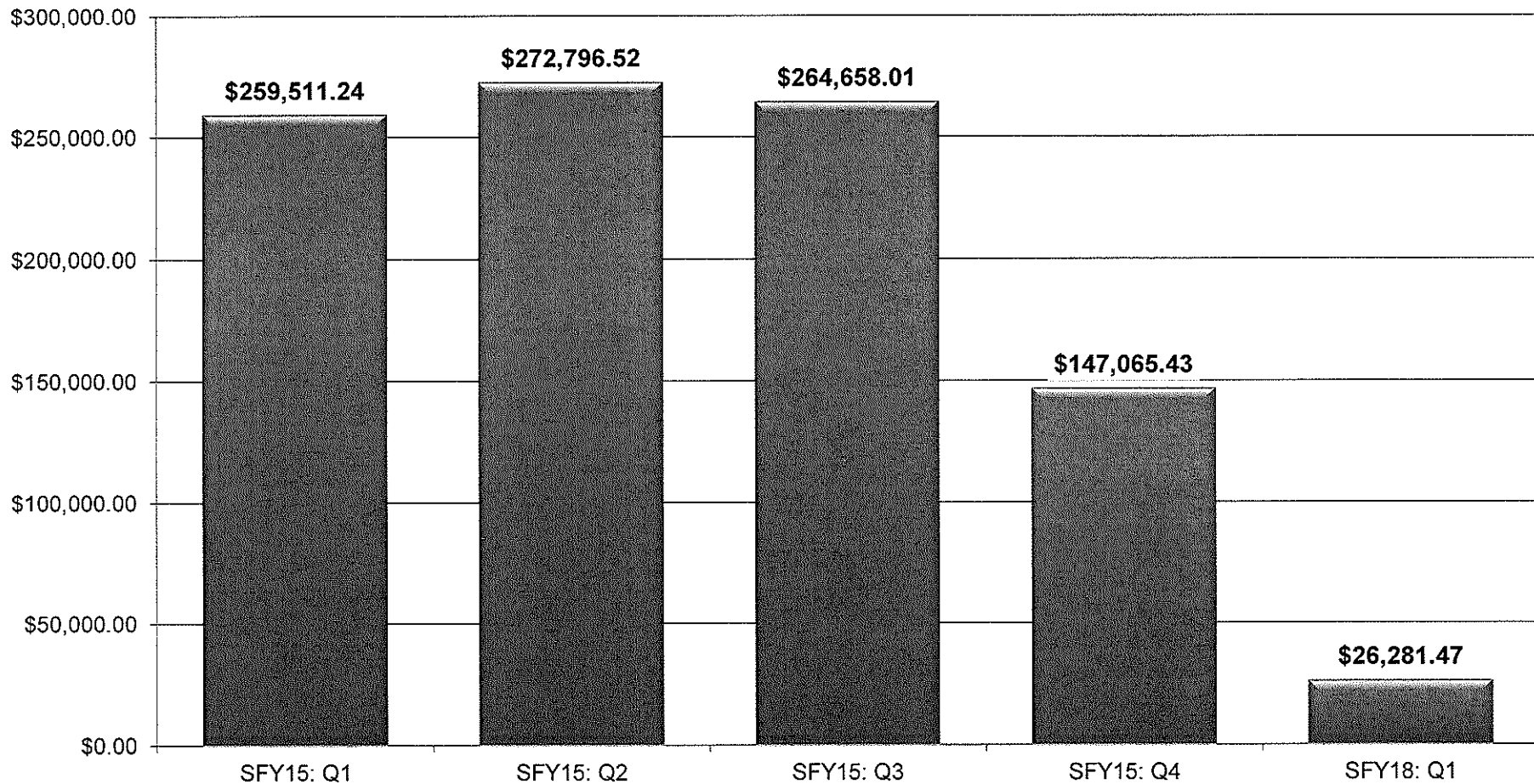
Figure 15: Reimbursement for Services



Data Source: Medicaid Management Information System

Abstract: Sum of dollar value for reimbursement of services for office visits only by quarter during SFY 2015 and SFY 2018 Quarter 1. These reimbursement amounts include preventive visits, contraceptive method review and follow-up, IUD and implant insertions. These sums do not include the cost of devices.

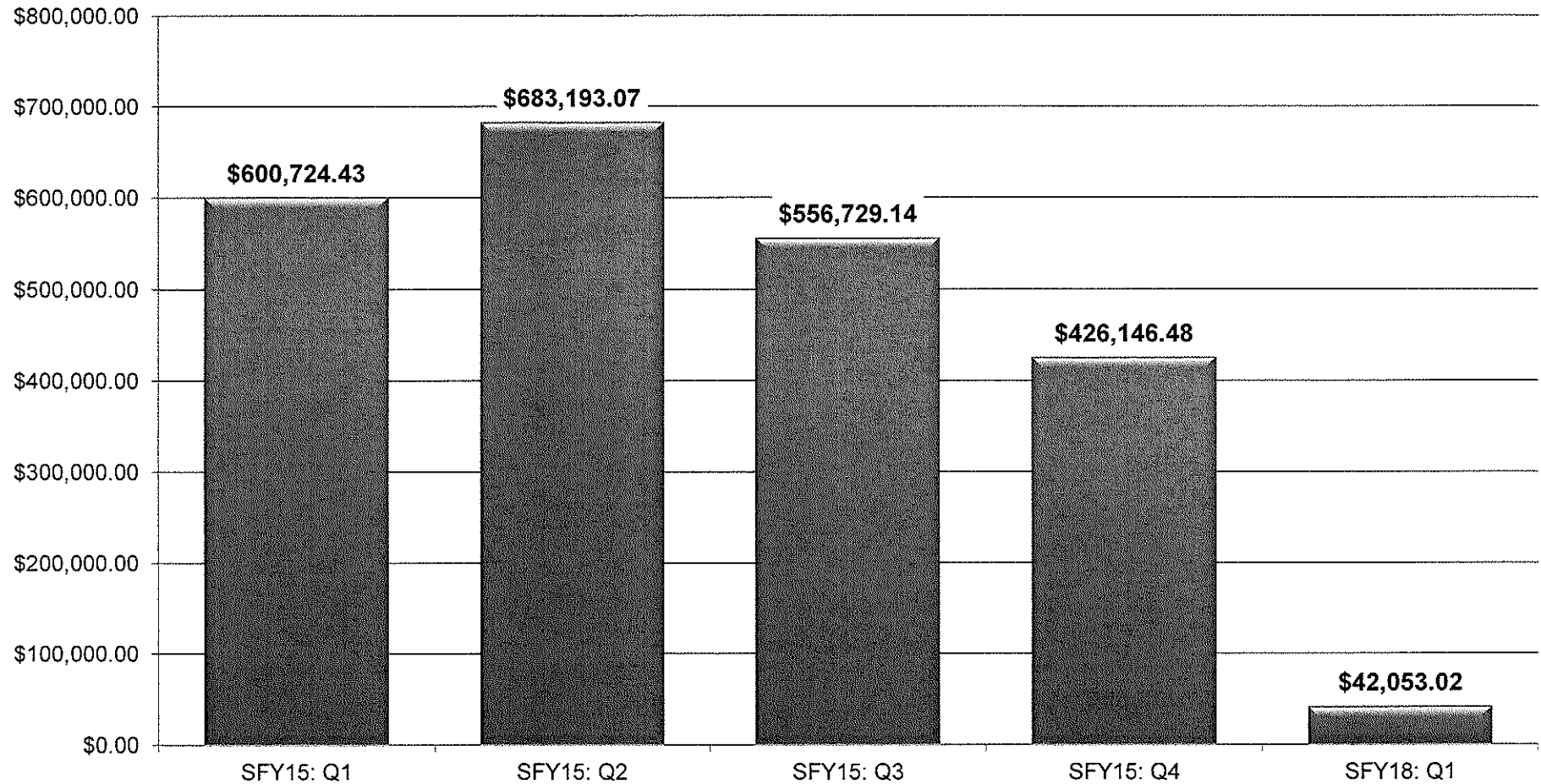
Figure 16: Payments for Office Visits



Data Source: Medicaid Management Information System

Abstract: Sum of dollar value for reimbursement of services for office visits only by quarter during SFY 2015 and SFY 2018 Quarter 1. These reimbursement amounts include preventive visits, contraceptive method review and follow-up, IUD and implant insertions. These sums do not include the cost of devices.

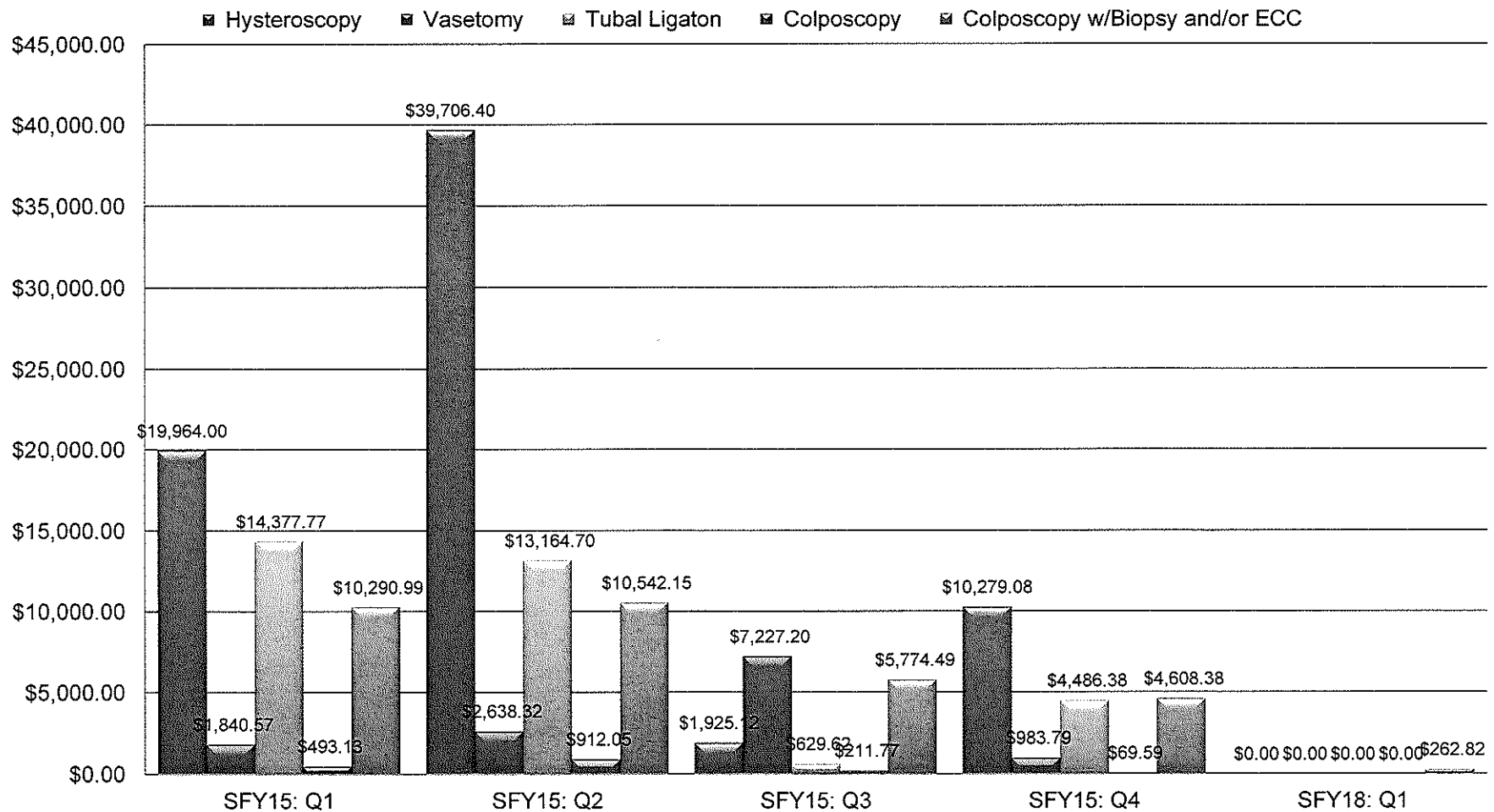
Figure 17: Payments for Contraceptive Services



Data Source: Medicaid Management Information System

Abstract: Sum of dollar value for reimbursement of contraceptive services by quarter during SFY 2015 and SFY 2018 Quarter 1. These reimbursement amounts include sterilization services, anesthesia, sedation, injectable contraceptives, procedures related to device placement or removal, device fitting, and payment for devices and contraceptive supplies (pills, patches, implants, IUD, condoms, etc.). These reimbursement amounts do not include pharmacy services.

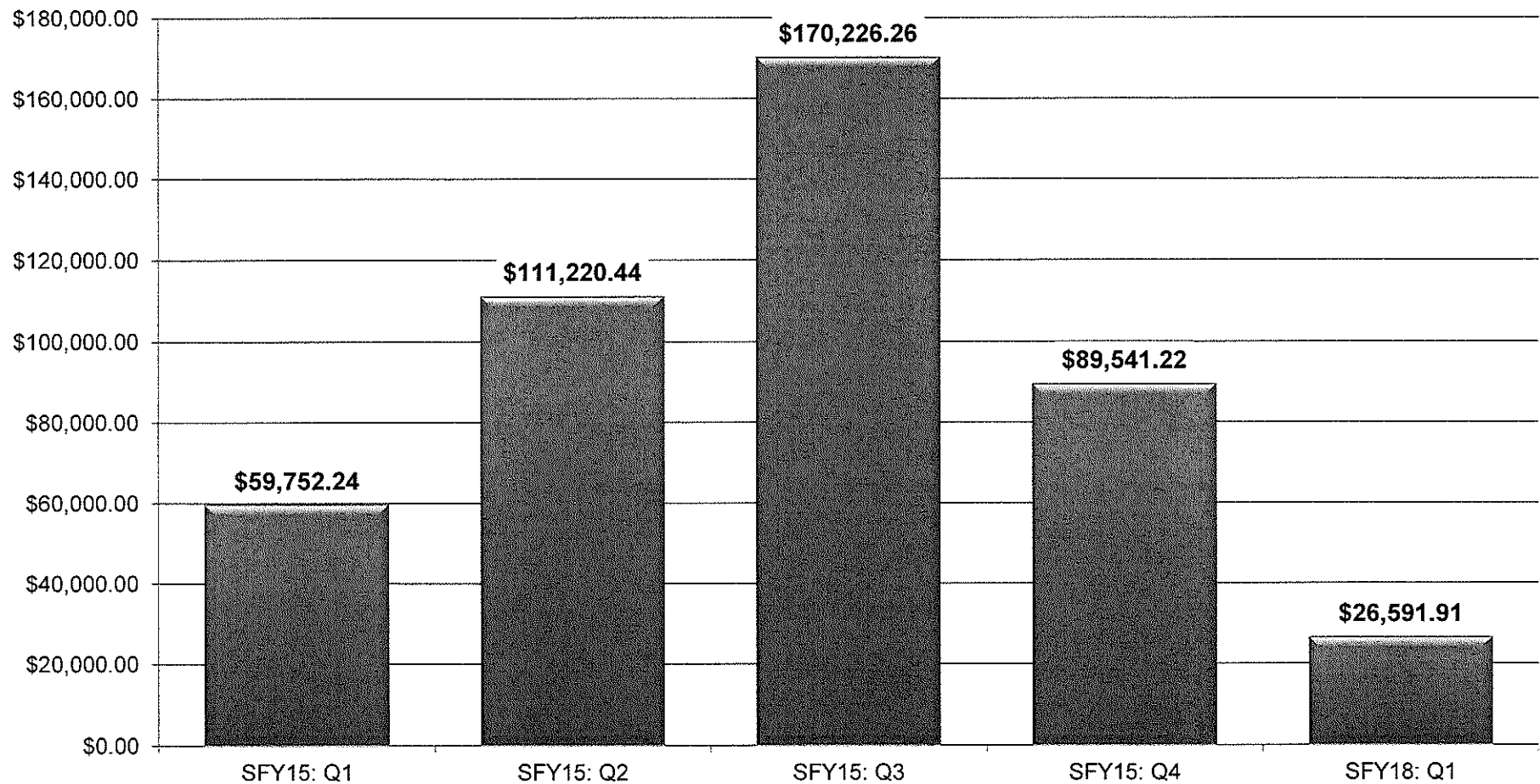
Figure 18: Payments for Selective Services



Data Source: Medicaid Management Information System

Abstract: Sum of dollar value for reimbursement of selected services. These services include hysteroscopy, vasectomy, tubal ligation, colposcopy, colposcopy with biopsy and/or endocervical curettage.

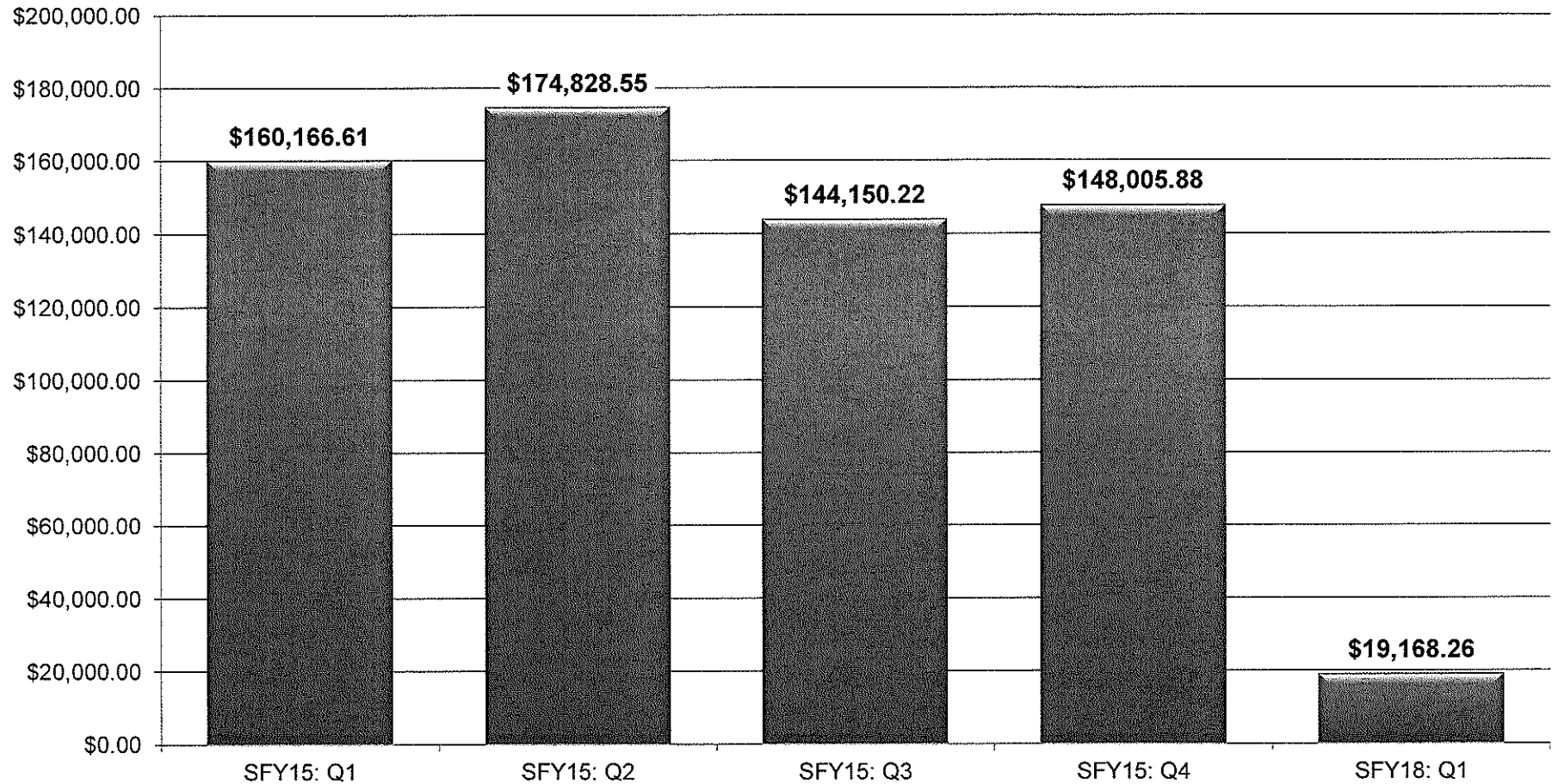
Figure 19: Pharmacy Payments



Data Source: Medicaid Management Information System

Abstract: Sum of dollar value for reimbursement of services for pharmacy payments. These reimbursement amounts include contraceptive methods and devices, including injectable contraceptives provided on an outpatient basis.

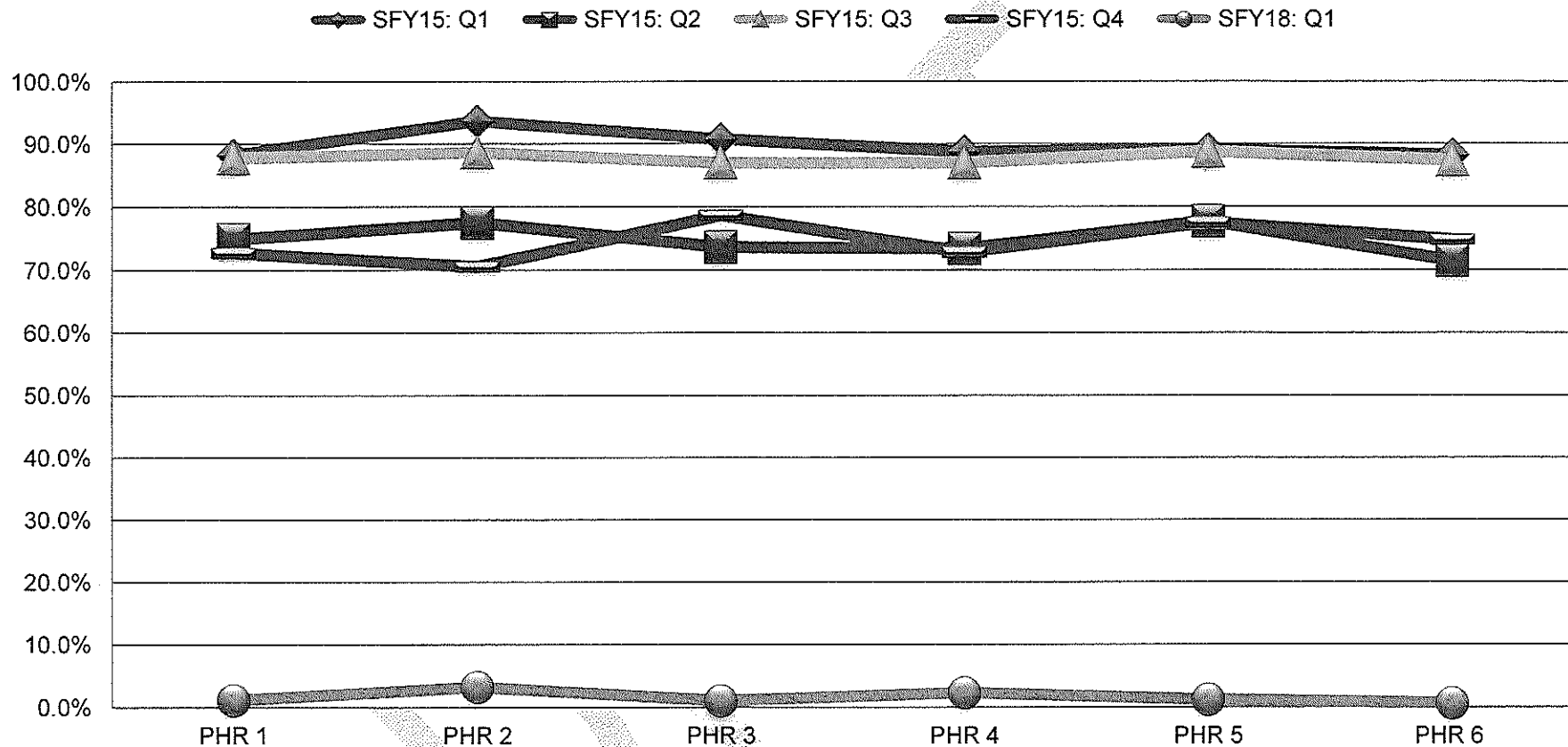
Figure 20: Payments for Labs and X-rays



Data Source: Medicaid Management Information System

Abstract: Sum of dollar value for reimbursement of services for lab and x-ray services. These reimbursement amounts include but are not limited to cytopathology tests (pap smears), biopsy processing, handling of specimens, preoperative evaluations, ultrasounds, urinalysis, pregnancy tests and STI tests and cultures.

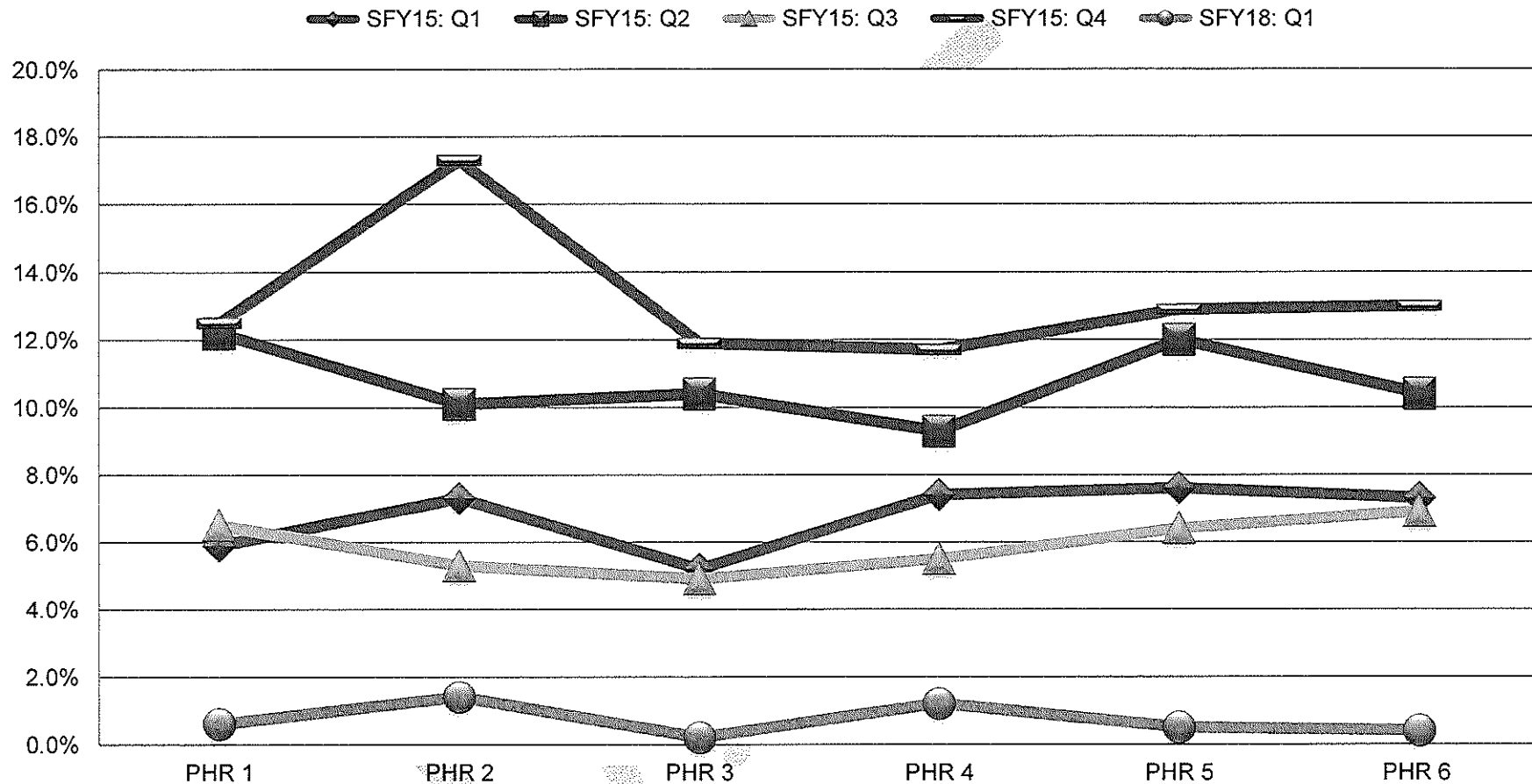
Figure 21: Most/Moderate Contraceptive by Public Health Region



Data Source: Medicaid Management Information System

Abstract: The numerator includes women who obtained a most effective contraceptive method such as female sterilization, implants, or intrauterine devices or systems (IUD or IUS) or a moderately effective contraceptive method such as injectables, oral pills, patch, ring, or diaphragm. The denominator includes women seeking contraceptive services during the selected periods.

Figure 22: LARCS by Public Health Region



Data Source: Medicaid Management Information System

Abstract: The numerator includes women who obtained a long acting reversible effective contraceptive method (implant or intrauterine devices or systems (IUD or IUS)). The denominator includes women seeking contraceptive services during the selected periods.

Highland, Matt

From: Rickman, Wendy <wrickma@dhs.state.ia.us>
Sent: Thursday, December 14, 2017 10:15 AM
To: Allison, Julie A.
Subject: Re: Council Follow Up Questions

yup

On Thu, Dec 14, 2017 at 8:47 AM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:
on the report I am thinking we should say we are anticipating having a first quarter report by January 8th (it will depend on how tomorrow goes and IME data confidence)

On Wed, Dec 13, 2017 at 11:59 AM, Wendy Rickman <wrickma@dhs.state.ia.us> wrote:
I'll touch bases with you when I see you.
We should process as an RFI.

On Wed, Dec 13, 2017 at 11:58 AM Highland, Matt <mhighla@dhs.state.ia.us> wrote:
Wendy,
Tony Leys had a couple follow up questions after council:

When will the FPP report be released? December still?

What did CMS send to DHS regarding Retro approval?

Do we have the updated fiscal note on retro?

Thank You,
Matt Highland
Public Information Officer,
Department of Human Services
Acting Communications Specialist,
Iowa Medicaid Enterprise
515-281-4848 office
515-559-7326 cell
mhighla@dhs.state.ia.us



Highland, Matt

From: Allison, Julie A. <jalliso1@dhs.state.ia.us>
Sent: Wednesday, December 13, 2017 10:28 AM
To: Lovelady, Julie
Cc: Johnson, Deborah; Wendy Rickman
Subject: Re: Possible explanation for lower contraceptive rates in 2016 and 2017

Thanks for the follow up. When I send out the next draft of the report (probably tomorrow) I will report that IME data is currently going thru a data *reconciliation issue*.

Hoping on Friday you will be able to ball park a date of completion. We did not receive any data from IME for the report due to this issue but we will have draft final language and visual look we can finalize.

On Wed, Dec 13, 2017 at 9:02 AM, Lovelady, Julie <jlovela@dhs.state.ia.us> wrote:
Good Morning Julie,

Staff that have been reviewing the information note the following:

The only thing that is clear at the moment is there is a data reconciliation issue that must be addressed before we will have reliable information to describe how things continue to trend under the new policy.

We have that in process now, but will likely not be complete in time for the meeting Friday, so we just need to be transparent about that limitation right now.

Please let me know your thoughts.

Thanks,

Julie

On Tue, Dec 12, 2017 at 8:36 PM, Julie A. Allison <jalliso1@dhs.state.ia.us> wrote:
Sounds good. Thanks much

On Tue, Dec 12, 2017 at 6:25 PM Lovelady, Julie <jlovela@dhs.state.ia.us> wrote:
Hi Julie,

Debbie and I have not had a chance to review the data yet and have asked staff to assist. We will let you know our thoughts once we review.

Thanks,

Julie

On Tue, Dec 12, 2017 at 4:43 PM, Julie A. Allison <jalliso1@dhs.state.ia.us> wrote:
FYI on data. Let us know please if you determine why data is questionable vs Debbie trying to figure it out... we will be going over all of the data on Friday during the FPP workgroup time

----- Forwarded message -----

From: Kane, Debbie <debbie.kane@idph.iowa.gov>
Date: Tue, Dec 12, 2017 at 4:09 PM
Subject: Possible explanation for lower contraceptive rates in 2016 and 2017
To: Julie A. Allison <jalliso1@dhs.state.ia.us>, Wheeler, Denise <denise.wheeler@idph.iowa.gov>

Good day,

Perhaps missing/unreported procedure codes in the claims data can explain the lower rates in contraceptive performance measures in 2016 and 2017. In trying to figure out why the rates for contraceptive use are so much lower for 2016 and 2017 and one thing I noticed is that the number of records without procedure codes is much, much higher as in 85 to 90% of records are missing procedure codes compared to about 10% of records missing procedure codes in 2015.

While I am trying to figure this out, I will take a look at data from our Title X clinics for SFY18 Q1 to see what I find for the contraceptive measures.

Thanks,
Debbie

Debra J. Kane, PhD, RN, PHCNS-BC

MCH Epidemiologist-CDC Assignee | Bureau of Family Health | Health Promotion and Chronic Disease Prevention
Iowa Department of Public Health | Lucas State Office Building | 321 East 12th Street | Des Moines, Iowa 50319
P: 515.281.4952 | F: 515.725.1760 | debbie.kane@idph.iowa.gov

Promoting and Improving the Health of Iowans

----- Forwarded message -----

From: **Kane, Debbie** <debbie.kane@idph.iowa.gov>

Date: Tue, Dec 12, 2017 at 4:03 PM

Subject: Fwd: Most/moderate contraceptive by Public Health Region and LARCS by Public Health Region
SFY15 Q1 - Q4 and SFY18 Q1

To: "McMahom, Mark [DHS]" <mmcmaho@dhs.state.ia.us>

Hello Mark,

I am trying to figure out why the rates for contraceptive use are so much lower for 2016 and 2017 and one thing I noticed is that the number of records without procedure codes is much, much higher as in 85 to 90% of records are missing procedure cords compared to about 10% of records missing procedure codes in 2015. Is there another way to pull procedure codes? What would explain the difference in the presence of procedure codes for 2016 and 2017 compared to 2015?

Thanks,
Debbie

Debra J. Kane, PhD, RN, PHCNS-BC

MCH Epidemiologist-CDC Assignee | Bureau of Family Health | Health Promotion and Chronic Disease Prevention
Iowa Department of Public Health | Lucas State Office Building | 321 East 12th Street | Des Moines, Iowa 50319
P: 515.281.4952 | F: 515.725.1760 | debbie.kane@idph.iowa.gov

Promoting and Improving the Health of Iowans

--

Julie Allison, MPA

Child Care Bureau Chief

Iowa Department of Human Services/Division of Adult, Children and Family Services

1305 East Walnut, Hoover State Office Bldg., 5th floor, Des Moines, Ia. 50319-0114

Phone: 1-515-281-6177

Fax: 515-281-6248

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Julie Lovelady
Deputy Medicaid Director
Iowa Medicaid Enterprise
515-256-4644 office
515-782-6163 cell

jlovela@dhs.state.ia.us



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Julie Allison, MPA

Child Care Bureau Chief

Iowa Department of Human Services/Division of Adult, Children and Family Services

1305 East Walnut, Hoover State Office Bldg., 5th floor, Des Moines, Ia. 50319-0114

Phone: 1-515-281-6177

Fax: 515-281-6248

--

Julie Lovelady
Deputy Medicaid Director

Highland, Matt

From: Wendy Rickman <wrickma@dhs.state.ia.us>
Sent: Monday, December 11, 2017 8:54 AM
To: Mikki Stier
Subject: Fwd: Most/moderate contraceptive by Public Health Region and LARCS by Public Health Region SFY15 Q1 - Q4 and SFY18 Q1
Attachments: Charts for FPP report.xlsx

Fyi

----- Forwarded message -----

From: Allison, Julie A. <jalliso1@dhs.state.ia.us>
Date: Mon, Dec 11, 2017 at 8:45 AM
Subject: Fwd: Most/moderate contraceptive by Public Health Region and LARCS by Public Health Region SFY15 Q1 - Q4 and SFY18 Q1
To: Julie Lovelady <jlovela@dhs.state.ia.us>, Johnson, Deborah <djohnso6@dhs.state.ia.us>, Wendy Rickman <wrickma@dhs.state.ia.us>

Take a look at this data. The data is what the data is but it seems extremely different when comparing SFY15 quarters to SFYQ1??????

----- Forwarded message -----

From: **Kane, Debbie** <debbie.kane@idph.iowa.gov>
Date: Sun, Dec 10, 2017 at 2:23 PM
Subject: Most/moderate contraceptive by Public Health Region and LARCS by Public Health Region SFY15 Q1 - Q4 and SFY18 Q1
To: "Brenda L. Freshour-Johnston" <bfresho@dhs.state.ia.us>
Cc: "Julie A. Allison" <jalliso1@dhs.state.ia.us>

Good day,

I have attached an excel spread sheet with the data and figures (both on one worksheet). If I limited the file for SFY18 Q1 to program code 906, there were only eleven women in the group, so I retained all women who appeared to have received family planning service and as you can see the percentages are really low for contraception compared to SFY15.

Not sure what to make of the results.

Thanks and let me know if you would like to discuss these results.
Debbie

Debra J. Kane, PhD, RN, PHCNS-BC
MCH Epidemiologist-CDC Assignee | Bureau of Family Health | Health Promotion and Chronic Disease Prevention
Iowa Department of Public Health | Lucas State Office Building | 321 East 12th Street | Des Moines, Iowa 50319
P: 515.281.4952 | F: 515.725.1760 | debbie.kane@idph.iowa.gov

Most and moderately effective methods

	SFY15 Q1	SFY15 Q2	SFY15 Q3	SFY15 Q4	SFY18 Q1
PHR 1	88.2%	74.9%	87.7%	72.7%	1.1%
PHR 2	93.6%	77.5%	88.6%	70.5%	3.2%
PHR 3	90.7%	73.6%	86.9%	78.6%	1.0%
PHR 4	88.7%	73.4%	86.9%	72.8%	2.3%
PHR 5	89.0%	77.7%	88.7%	77.5%	1.2%
PHR 6	88.2%	71.4%	87.3%	74.8%	0.6%
State	89.1%	74.2%	87.7%	74.1%	1.3%

Long acting reversible contraceptives

	SFY15 Q1	SFY15 Q2	SFY15 Q3	SFY15 Q4	SFY18 Q1
PHR 1	5.9%	12.2%	6.5%	12.5%	0.6%
PHR 2	7.3%	10.1%	5.3%	17.3%	1.4%
PHR 3	5.2%	10.4%	4.9%	11.9%	0.2%
PHR 4	7.4%	9.3%	5.5%	11.7%	1.2%
PHR 5	7.6%	12.0%	6.4%	12.9%	0.5%
PHR 6	7.3%	10.4%	6.9%	13.0%	0.4%
State	6.6%	11.1%	6.3%	13.2%	0.6%

Figure X. Most/Moderate Contraceptive by Public Health Region

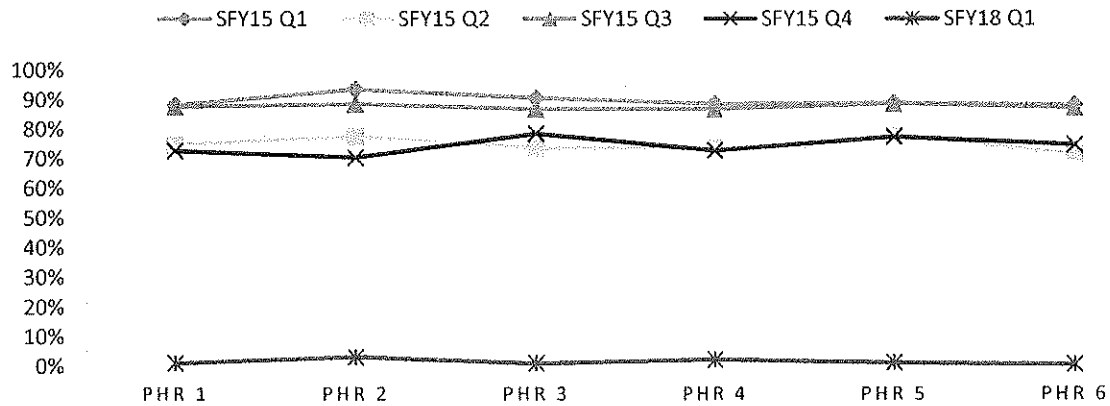
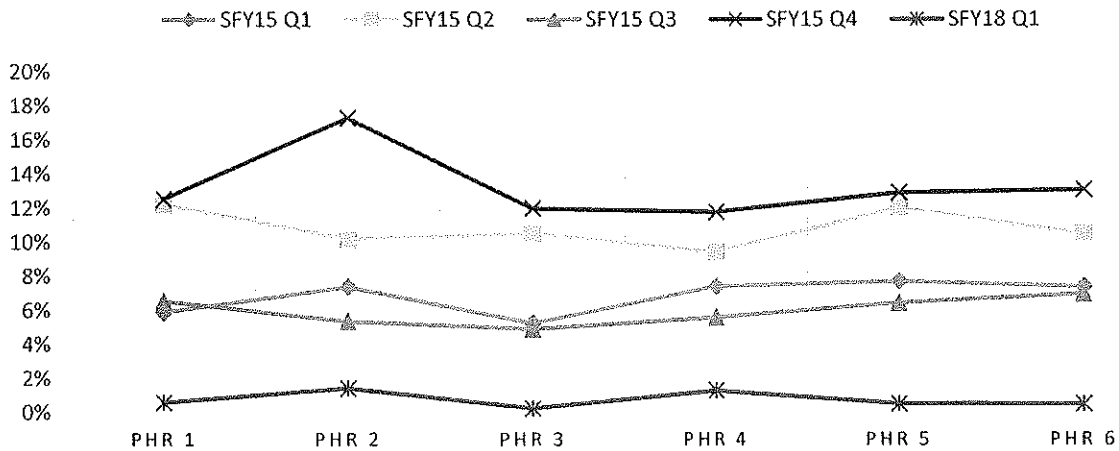


Figure X. LARCS by Public Health Region



Highland, Matt

From: Allison, Julie A. <jalliso1@dhs.state.ia.us>
Sent: Friday, December 08, 2017 2:52 PM
To: Lindsay, Kelly; Wendy Rickman; Amela Alibasic
Subject: Fwd: Help - did the program code for family planning services change as of July 1, 2017

FYI

----- Forwarded message -----

From: Allison, Julie A. <jalliso1@dhs.state.ia.us>
Date: Fri, Dec 8, 2017 at 2:51 PM
Subject: Re: Help - did the program code for family planning services change as of July 1, 2017
To: "Kane, Debbie" <debbie.kane@idph.iowa.gov>
Cc: "Wheeler, Denise" <denise.wheeler@idph.iowa.gov>

Good afternoon,

I am not knowledgeable about what program code to pull. IME folks should be consulted for this. Rebecca Davis and Matt from the workgroup should be able to confirm. If they confirm or you do not have an answer go ahead and send the data to Brenda with a cc to me as we can always change it.

I would expect numbers to be low in the first quarter as it is a new program, there were many myths out there, etc etc etc.

As we move forward the numbers should stable out and give us a better idea.

Thanks,

Julie

On Fri, Dec 8, 2017 at 2:37 PM, Kane, Debbie <debbie.kane@idph.iowa.gov> wrote:

Good day,

I have the 2017 data to calculate the contraceptive measures for SFY18 Q1. It appears that only n=160 women had a paid claim when I limit the file to program code = 960. The numbers for SFY17 Q3 and SFY17 Q4 appear more in line with what I would expect.

So am I looking at the correct program code to subset the data? For the time being, I will run the program on the complete file and limit it to SFY18 Q1. What do you advise?

Thanks,

Debbie

Debra J. Kane, PhD, RN, PHCNS-BC

MCH Epidemiologist-CDC Assignee | Bureau of Family Health | Health Promotion and Chronic Disease Prevention

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P: 515.281.4952 | F: 515.725.1760 | debbie.kane@idph.iowa.gov

Promoting and Improving the Health of Iowans

Highland, Matt

From: Johnson, Deborah <djohnso6@dhs.state.ia.us>
Sent: Thursday, December 07, 2017 3:56 PM
To: Alibasic, Amela
Cc: Highland, Matt; Rickman, Wendy; Julie Lovelady; Kelly Lindsay; Julie A. Allison
Subject: Re: IFPN/FPP Cost Center

thanks Amela

Deborah Johnson
Bureau Chief Policy
Iowa Medicaid Enterprise
(515) 256-4662 (Office)
(515) 782-6162 (Cell)
(515) 256-1360 (Fax)
djohnso6@dhs.state.ia.us

On Thu, Dec 7, 2017 at 3:33 PM, Alibasic, Amela <aalibas@dhs.state.ia.us> wrote:
Hey Matt-I checked Ronda's logs who owns the forms and found that they have been updated by both, IME and ACFS, so there is not a single owner for these. However, Julie A and I talked and we decided to use the ACFS 5414 cost center for the destruction cost. Let me know if you need anything else.


Amela Alibasic | Medicaid Policy Specialist | Team Lead


Iowa Department of Human Services

Division of Adult, Children and Family Services

Bureau of Financial, Health and Work Supports

1305 E Walnut Des Moines, Iowa 50319

 (515) 281-4521

 aalibas@dhs.state.ia.us

On Thu, Dec 7, 2017 at 1:07 PM, Highland, Matt <mhighla@dhs.state.ia.us> wrote:
They are Comm 249 and 374.

Thank You,
Matt Highland
Public Information Officer,
Department of Human Services
Acting Communications Specialist,
Iowa Medicaid Enterprise
515-281-4848 office
515-559-7326 cell
mhighla@dhs.state.ia.us



On Thu, Dec 7, 2017 at 12:35 PM, Alibasic, Amela <aalibas@dhs.state.ia.us> wrote:
Hi Matt. It depends whether the form's owner is ACFS or IME. Matt, if you send us the material info, we can figure out whether they are ACFS or IME forms. Thanks!

Amela Alibasic | Medicaid Policy Specialist | Team Lead

Iowa Department of Human Services

Division of Adult, Children and Family Services

Bureau of Financial, Health and Work Supports

1305 E Walnut Des Moines, Iowa 50319

☎:(515) 281-4521

✉:aalibas@dhs.state.ia.us

On Thu, Dec 7, 2017 at 9:41 AM, Highland, Matt <mhighla@dhs.state.ia.us> wrote:
We need to pay to destroy the old IFPN materials (\$863.10). Any idea what cost center should cover this?

Thank You,
Matt Highland
Public Information Officer,
Department of Human Services
Acting Communications Specialist,
Iowa Medicaid Enterprise
515-281-4848 office
515-559-7326 cell
mhighla@dhs.state.ia.us

Highland, Matt

From: Johnson, Deborah <djohnso6@dhs.state.ia.us>
Sent: Wednesday, December 06, 2017 4:50 PM
To: Davis, Rebecca
Cc: Allison, Julie A.; Kane, Debbie; Matt Briggs; Lindsay, Kelly; Denise Wheeler; George Signs; Matt Highland; Merea Bentrott; Wendy Rickman; Julie Lovelady; Brenda L. Freshour-Johnston
Subject: Re: Revised DRAFT FFP Report with data dictionary - response requested by Noon on Wednesday, November 29

We met today and we have a plan on the next steps to aggregate this data. Stay tuned.

Deborah Johnson
Bureau Chief Policy
Iowa Medicaid Enterprise
(515) 256-4662 (Office)
(515) 782-6162 (Cell)
(515) 256-1360 (Fax)
djohnso6@dhs.state.ia.us

On Wed, Nov 29, 2017 at 11:57 AM, Davis, Rebecca <rdavis@dhs.state.ia.us> wrote:
Julie,

A couple of questions on some of the changes to the metrics. For pages 8-13, the services are broken out by region - do we determine the region by where the member lives or by where the provider's office is? Also with the providers - we have 3 levels of providers on the claim - 1) rendering 2) the billing and 3) pay-to provider. Our current data bill is by rendering provider. If we use rendering provider, we will never show a FQHC or RHC as the provider. FQHC/RHC as a provider type can only bill T1015 which is not a covered FPP/IFPN service.

Also on page 17, the services have been broken out into 5 categories. Core will need to know which CPT codes need to be pulled to each category.

Thanks,

Becky Davis
Business Analyst
Core Unit
Iowa Medicaid Enterprise
515-974-2950 office
rdavis@dhs.state.ia.us



On Tue, Nov 28, 2017 at 8:45 AM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:
Good morning,

Attached is the updated draft of the FPP report. Please utilize this as a resource for data needed. NOTE: Data dictionary not included as waiting for final.

Please send data to Brenda, bfresho@dhs.state.ia.us and cc Julie Allison

Please submit in the following format:

- In the body of the email put the name of the chart, slide page number(s); SFY quarter identifiable and the data point
- If you are submitting more than one slide, data point, it is acceptable to send an excel formatted sheet with tabs for each chart. Please make sure you, again, identify the chart, slide page number and SFY quarter.

We would like to receive the data by EOD 12/11/17. Let me know if this is not going to be realistic but the goal is to have a majority of the data loaded into the report for review on 12/15/17.

Thanks,
Julie

On Thu, Nov 16, 2017 at 4:14 PM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:

Hi All,

Just a quick note and "heads up". I will be sending the next draft version of the FPP report on 11/27 and will be requesting (CORE/IME, ACFS, IDPH) first quarter data and SFY17 verification if provided or provide SFY17. Would like to have the data by 12/11 so that we can drop it into the FPP report and review on 12/15 (Oversight). I will send the format for data submission on the 27th.

Hope you have a great Thanksgiving!

Julie

On Thu, Nov 16, 2017 at 10:32 AM, Kane, Debbie <debbie.kane@idph.iowa.gov> wrote:

Good day,

Attached is a revised FPP Report that includes the data dictionary (at the end of the document). In order to be prepared for the December 1st meeting, I ask you to submit your edits to me by noon on Wednesday, November 29th.

On another note, please watch your email for a doodle poll. Per our discussion at yesterday's meeting, the data group will need to meet in December - we will probably need 2 meetings.

Thanks,
Debbie

Debra J. Kane, PhD, RN, PHCNS-BC
MCH Epidemiologist-CDC Assignee | Bureau of Family Health | Health Promotion and Chronic Disease Prevention
Iowa Department of Public Health | Lucas State Office Building | 321 East 12th Street | Des Moines, Iowa 50319
P: 515.281.4952 | F: 515.725.1760 | debbie.kane@idph.iowa.gov

Promoting and Improving the Health of Iowans

Highland, Matt

From: Julie A. Allison <jalliso1@dhs.state.ia.us>
Sent: Tuesday, December 05, 2017 10:21 AM
To: Davis, Rebecca [DHS]; Kane, Debbie; Lindsay, Kelly; Matt Briggs
Cc: Brenda L. Freshour-Johnston; Deborah Johnson; Denise Wheeler; George Signs; Jennifer Warren-Ulrick; Jodi Tomlonovic; Julie Lovelady; Kim Laube; Martin Cannon; Matt Highland; Merea Bentrott; Wendy Rickman
Subject: Re: Revised DRAFT FFP Report with data dictionary - response requested by Noon on Wednesday, November 29

Please note that quarter 3 is actually Jan Feb and March CY 2015 and quarter 4 is actually April May and June CY 2015.

On Mon, Dec 4, 2017 at 8:28 AM Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:

Good morning,

As many of you know we will be changing the time period for comparative quarters. Please send information by the due date to Brenda with a cc to me however because we want to compare fee for service to fee for service we will be using SFY15 quarters (CYJuly., August, September 2014/Q1; CYOctober, November, December 2014/Q2; CYJanuary, February, March 2014/Q3; CYApril May June 2014/Q4 and lastly SFY18= CY July August September 2017.

Thanks,

Julie

On Tue, Nov 28, 2017 at 8:45 AM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:

Good morning,

Attached is the updated draft of the FPP report. Please utilize this as a resource for data needed. NOTE: Data dictionary not included as waiting for final.

Please send data to Brenda, bfresho@dhs.state.ia.us and cc Julie Allison

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We would like to receive the data by EOD 12/11/17. Let me know if this is not going to be realistic but the goal is to have a majority of the data loaded into the report for review on 12/15/17.

Thanks,
Julie

On Thu, Nov 16, 2017 at 4:14 PM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:

Hi All,

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Julie

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Thanks,

Debbie

Debra J. Kane, PhD, RN, PHCNS-BC

MCH Epidemiologist-CDC Assignee | Bureau of Family Health | Health Promotion and Chronic Disease Prevention

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Promoting and Improving the Health of Iowans

--

Julie Allison, MPA

Child Care Bureau Chief

Iowa Department of Human Services/Division of Adult, Children and Family Services

1305 East Walnut, Hoover State Office Bldg., 5th floor, Des Moines, Ia. 50319-0114

Phone: 1-515-281-6177

Fax: 515-281-6248

Highland, Matt

From: Allison, Julie A. <jalliso1@dhs.state.ia.us>
Sent: Monday, December 04, 2017 8:29 AM
To: Kane, Debbie; Matt Briggs; Davis, Rebecca [DHS]; Lindsay, Kelly
Cc: Deborah Johnson; Denise Wheeler; George Signs; Jennifer Warren-Ulrick; Matt Highland; Merea Bentrott; Wendy Rickman; Jodi Tomlonovic; Martin Cannon; Kim Laube; Julie Lovelady; Brenda L. Freshour-Johnston
Subject: Re: Revised DRAFT FFP Report with data dictionary - response requested by Noon on Wednesday, November 29

Good morning,

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Thanks,
Julie

On Tue, Nov 28, 2017 at 8:45 AM, Allison, Julie A. <jalliso1@dhs.state.ia.us> wrote:
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Julie

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Thanks,
Debbie

Debra J. Kane, PhD, RN, PHCNS-BC
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Iowa Department of Public Health | Lucas State Office Building | 321 East 12th Street | Des Moines, Iowa 50319
P: 515.281.4952 | F: 515.725.1760 | debbie.kane@idph.iowa.gov

Promoting and Improving the Health of Iowans

--

Julie Allison, MPA

Child Care Bureau Chief

Iowa Department of Human Services/Division of Adult, Children and Family Services

1305 East Walnut, Hoover State Office Bldg., 5th floor, Des Moines, Ia. 50319-0114

Phone: 1-515-281-6177

Fax: 515-281-6248

--

Highland, Matt

From: Lindsay, Kelly <klindsa@dhs.state.ia.us>
Sent: Friday, December 01, 2017 11:37 AM
To: Contact; Ruff, Emmett (CMS/CMCS); Levels, Sandra K.(CMS/CMCHO)
Cc: Wendy Rickman; Julie A. Allison; Jennifer Steenblock; Amela Alibasic
Subject: Iowa Family Planning Network (IFPN) Demonstration 2016 Annual Evaluation Report
Attachments: 2016 Iowa Family Planning Network Annual Evaluation.pdf

Hello all,

Attached please find the 2016 IFPN Annual Evaluation Report. Please contact me with any questions.

Thank you,
Kelly Lindsay
Medicaid Program Manager
Iowa Department of Human Services
office: 515.281.5334
email: klindsa@dhs.state.ia.us

Highland, Matt

From: Kane, Debbie <debbie.kane@idph.iowa.gov>
Sent: Friday, December 01, 2017 9:51 AM
To: Matt Briggs; Allison, Julie A.; Davis, Rebecca [DHS]; Deborah Johnson; Lindsay, Kelly; George Signs; Matt Highland; Wendy Rickman; Jodi Tomlonovic; Jennifer Warren-Ulrick; Martin Cannon; Kim Laube; Merea Bentrott; Denise Wheeler; Momany, Elizabeth T
Cc: Brenda L. Freshour-Johnston; McMahon, Mark [DHS]; Julie Lovelady
Subject: Materials, room information and a call in number for this afternoons meeting
Attachments: FFP Report 2017 v6 (data dictionary added).docx

Good day,

I have attached the FFP report (V6) with the data dictionary added for the meeting this afternoon.

We will be meeting in Room 128. When you sign in you can say your meeting is with Rebecca Davis.

For those of you unable to attend in person, you may call in using this number:
1-877-806-8486; passcode: 4573710\

REMINDER from Julie Allison:

Please utilize the attached document as a resource for data needed.

Please send data to Brenda, bfresho@dhs.state.ia.us and cc Julie Allison

Please submit in the following format:

- In the body of the email put the name of the chart, slide page number(s); SFY quarter identifiable and the data point
- If you are submitting more than one slide, data point, it is acceptable to send an excel formatted sheet with tabs for each chart. Please make sure you, again, identify the chart, slide page number and SFY quarter.

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See you later,

Debbie

Debra J. Kane, PhD, RN, PHCNS-BC
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P: 515.281.4952 | F: 515.725.1760 | debbie.kane@idph.iowa.gov

Promoting and Improving the Health of Iowans

October 2017

**Iowa Family Planning Demonstration
Evaluation
Third Waiver Period**

Elizabeth T Momany, PhD
Associate Research Scientist

The University of Iowa Public Policy Center

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Introduction

Study Caution

A changing health care landscape

Study results from the period January 1, 2014 through December 31, 2016 include a time of significant change in Iowa Medicaid. On January 1, 2014, the Iowa Health and Wellness Plan (IHAWP) began providing health care coverage for Iowans from 0-133% FPL who were not eligible through some other Medicaid category of care such as through a disability determination or family medical assistance. This option mirrored many of the benefits available in Medicaid and exceeded the coverage provided in the Family Planning Demonstration (FPD). Coverage through IHAWP was provided through the FFS Medicaid program for Iowans from 0-100% FPL and through Qualified Health Plans accessed through the Health Marketplace for Iowans from 101-133% FPL. In addition, the health insurance mandate may have shifted women from 134-300% FPL, who had previously relied on FPD for their family planning services, into private plans. Unfortunately, we are unable to determine whether women in private plans accessed family planning services or delivered a child.

At the end of CY 2014 CoOpportunity, one of two Qualified Health Plans, ended and by the conclusion of CY 2015 the only other QHP, Coventry, was not asked to renew their product in Iowa. During the period January to March 2016, all Medicaid members were placed into the traditional Fee-for-service model of care. Beginning April 1, 2016 members were enrolled in one of three Managed Care Organizations (MCOs): Amerigroup Iowa, AmeriHealth Caritas Iowa, or United Healthcare Plan of the River Valley.

In an effort to account for the deliveries that may have shifted from the MAC program to IHAWP due to expanded coverage, beginning in the first quarter of CY 2015 IHAWP deliveries are combined with MAC program deliveries when counting the number of deliveries per quarter.

Data issues

The MCOs began operation on April 1, 2016. During the period April-September 2016 encounter data provided by the MCOs is incomplete with data missing in key fields such as the DRG code and discharge date for hospitalizations. The proportion of encounters with missing data vary by MCO with AmeriGroup providing the most complete data during this time. As of the fourth quarter of 2016, data is more complete however, key components such as discharge date, are still missing on a significant proportion of claims.

In past reports, the DRG code has been sufficient to identify most deliveries. Since DRG code is missing for over 40% of hospitalizations during CY 2016, we were unable to utilize the previously developed protocols to identify a delivery. Procedure codes and diagnoses codes were added to define deliveries. However, even with this added level of detection, we saw a dramatic fall in the deliveries during the second and third quarter of CY 2016 (**Figure 1**). By comparing to previous yearly patterns, we can be certain that this fall is the result of missing data, and NOT the result of an actual fall in the number of deliveries during this time.

Therefore, this report provides eligibility data and family planning services data through CY 2016, but provides delivery data through only the first quarter of 2016.

The analytics for predicting averted births has been updated to attempt to account for changes in the Medicaid programs. This updated approach reflects fewer averted births at the beginning of the program and more during the final years.

Figure 1. Number of deliveries by quarter, CY 2015 and CY 2016



Family Planning Demonstration

The State of Iowa ended the 1115 Family Planning Demonstration effective June 30, 2017. The waiver provided family planning services to men and women 12–54 years of age with income not exceeding 300% of the Federal poverty level (FPL) for the family size. The extension contained the objectives listed below.

- 1) Improve the access to and use of Medicaid family planning services by women who have received a Medicaid pregnancy related service.
- 2) Improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.
- 3) Decrease the number of Medicaid-paid deliveries, which will reduce annual expenditures for prenatal, delivery newborn, and infant care.
- 4) Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
- 5) Reduce teen pregnancy by reducing the number of repeat teen births.
- 6) Estimate the overall savings in Medicaid spending attributable to providing family planning services to women for 2 years postpartum.

The 1115 Family Planning Demonstration "Iowa Family Planning Network" began in February 1, 2006. The final report for the evaluation of the first 5 years of the waiver program indicated the following successes.

Successes

- 1) The demonstration has increased the number of women receiving family planning services within the Medicaid program. Over 80,000 women have accessed family planning services through this demonstration. However, the number of women served annually through the FPD has fallen since the beginning of the Iowa Health and Wellness Plan, Iowa's expanded coverage option.
- 2) Reductions in Medicaid costs for deliveries and, birth and first year of life are over \$450 million.
- 3) Net Medicaid savings are well over \$400 million during the 10 years of the demonstration.

Evaluation

The extension evaluation plan is based on previous work with adjustments for changes in the objectives as reflected above. In particular, we include men in the analyses of family planning service usage. The evaluation budget is limited to \$20,000 per year. This level of support provides no funding for survey work or extensive data analyses. For this reason, the evaluation team is unable to perform target surveys to determine whether births were intended or unintended as has been done by other evaluation teams. Complex modeling to determine the effects of the expansion are also limited due to time and resource constraints. The simple evaluation plan provided may not adequately address all of the state's objectives.

Data

Evaluation data are compiled from enrollment files for the period January 1, 2001 through December 31, 2016 and claims and encounter files for the period January 1, 2001 through March 31, 2016. The following protocols clarify the methods and operationalize variables and formulas needed to complete the analyses.

Year to allocate services: The services provided on a claim are counted within the year of the first date of service. This decision rule is important in determining the costs for prenatal care and birth for the baseline numbers. As an example, a woman admitted to the hospital for delivery on December 30, 2014 and discharged on January 3, 2015 will have the costs for delivery added to the total for the study year 2014.

Mothers and children: Children and mothers are not matched when determining rates or costs. Costs for all women who are enrolled in Child Medical Assistance Program (CMAP), Family Medical Assistance Program (FMAP) and Mothers and Children program (MAC) when they deliver are used to determine the cost per delivery by year. Any claim with a DRG of 370–375 (prior to November 2011), a DRG of 765–768, 774 or 775 (November 2011 onward), or a diagnosis code, ICD-10-CM procedure code or Current Procedural Terminology (CPT) code indicating a delivery is included (See Appendix A); this is unique to the mother. All costs for prenatal care, all care provided and medications prescribed during the prenatal period and delivery are calculated and divided by the number of women delivering in a given year to determine average delivery cost per year. All costs for birth, unique to the child, are calculated and divided by the number of children to determine the average birth cost per year. Delivery cost and birth cost for each year are added to determine the total birth-related cost per year.

Number of people under 300% poverty: Sources to estimate the number of people within the state under 300% of poverty were investigated. There are no reliable estimates of people under 300% of poverty across the state for the evaluation period or the age groups of interest.

Enrollment

The Family Planning Demonstration (FPD) began enrolling women on July 1, 2006 and men in on December 1, 2011; enrollment for men peaked in December 2012 at 641. The monthly enrollment numbers for women peaked at nearly 27,000 in November 2012. Table 1 provides a breakdown of number of months in the family planning program, gender, race and age during

CY 2016. As might be expected, though the program is designed to serve members as young as 12 years of age, the majority of members (70%) enrolled in the FPD are between the ages of 21 and 34 years of age.

Table 1. Length of family planning enrollment, age, gender, and race, CY 2016

Characteristic	Number	Percent
Length of enrollment		
1-3 month	7,703	29%
4-6 months	6,518	25%
7-9 months	5,792	22%
10-11 months	3,497	13%
12 months	2,889	11%
Sex		
Female	25,463	97%
Male	936	3%
Race		
White	16,109	61%
Black	1,831	7%
American Indian	318	1%
Asian	440	2%
Hispanic	1,229	5%
Pacific Islander	135	<1%
Multiple race-Hispanic	548	2%
Multiple race- Other	338	1%
Unreported	5,451	21%
Age		
13-18 years	1,853	7%
19-20 years	2,701	10%
21-24 years	7,183	27%
25-34 years	11,469	43%
35-44 years	2,694	10%
45-54 years	468	2%

Figure 2 and Figure 3 show the enrollment levels for all members during the period CY 2006–CY 2016. There were steady declines beginning in CY 2013 resulting in more than a 50% reduction in women enrolled in FPD by the end of CY 2016. Though it is difficult to understand this phenomenon, the CY 2014 report provided evidence to suggest that women were moving to alternative coverage sources such as Iowa Health and Wellness Plan, the bipartisan solution for Iowa that began on January 1, 2014. See <http://ppc.uiowa.edu/publications/iowa-family-planning-demonstration-evaluation-third-waiver-period>.

Figure 2. Women Enrolled in FPD by month, CY 2006–CY 2016

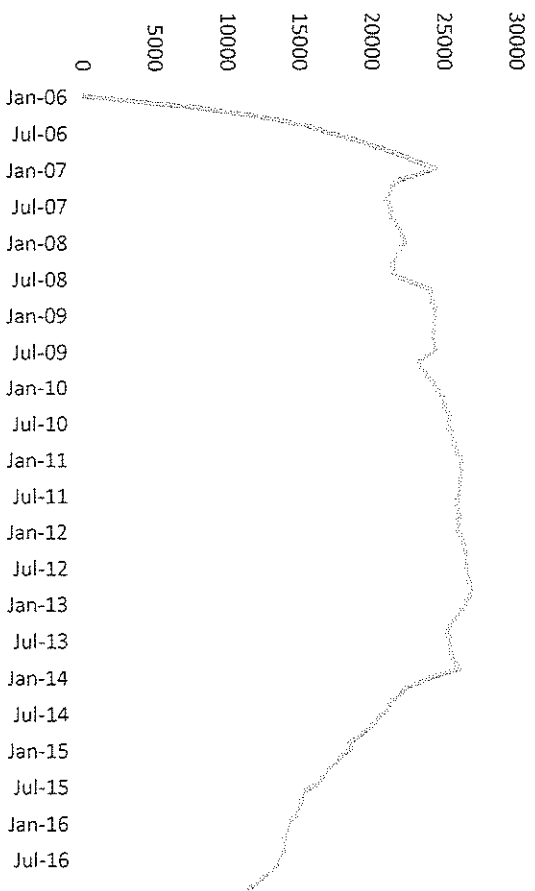
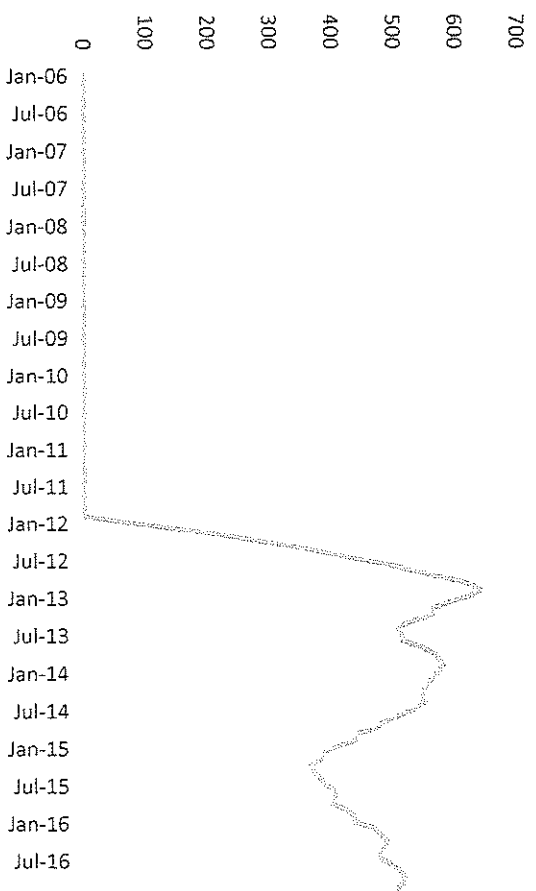


Figure 3. Men Enrolled in FPD by month, CY 2006–CY 2016



Results

Family planning services

Objective 1: Improve the access to and use of Medicaid family planning services by women and men under 300% FPL.

To address this objective we tracked the number of women within the eligible population who obtained services while enrolled in the FPD.

<i>Data source</i>	Medicaid claims and encounter and enrollment data
<i>Eligible population</i>	Women 12–54 years of age who were enrolled in Medicaid for at least one month during the measurement year
<i>Measurement years</i>	January 1, 2006–December 31, 2016
<i>Measure</i>	Costs per member per month (PMPM) for women within the demonstration

Findings

The costs for family planning services to women in the demonstration are shown in Table 2. Actual costs rose from \$5,192,124 to \$9,494,280 over the first four years of the program, declining for the following two years then rising to peak at \$9,717,669 in CY 2012 before falling to \$5,674,214 in CY 2014 and an estimated \$4,908,673 in CY 2016. The cost for men's family planning services in CY 2012 was \$88,161 falling to \$64,312 (\$10.35 per member per month in CY 2014) and rising again in CY 2016 to \$67,932 (\$11.59 per member per month).

The number of women served through the family planning program falls over CY 2016 from 14,268 in January 2016 to 11,430 in December 2016. Only 437 men were served in January 2016 increasing to 504 in December 2016.

Table 2. Cost of female family planning services, 2006–2016

Year	Total cost	PMPM costs	PMPY costs
2006	\$ 5,192,124	\$ 29.97	\$ 359.61
2007	\$ 6,931,922	\$ 26.45	\$ 317.40
2008	\$ 8,649,314	\$ 31.83	\$ 381.98
2009	\$ 9,494,280	\$ 33.01	\$ 396.09
2010	\$ 9,206,530	\$ 30.47	\$ 365.69
2011	\$ 8,568,748	\$ 27.51	\$ 330.09
2012	\$ 9,717,669	\$ 30.65	\$ 367.77
2013	\$ 8,627,444	\$ 28.08	\$ 336.98
2014	\$ 5,674,214	\$ 22.52	\$ 270.26
2015	\$ 3,800,076	\$ 19.55	\$ 234.59
2016	\$ 4,908,673	\$ 30.87	\$ 370.39

Objective 2: Improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.

Findings

We have not addressed this objective during the extension.

Medicaid deliveries

Objective 3: Decrease the number of Medicaid-paid deliveries, which will reduce annual expenditures for prenatal, delivery, newborn, and infant care.

A decrease in the number of repeat births by nature indicates a decrease in the rate of Medicaid-paid deliveries. In addition, covering family planning services for women who have not qualified for this coverage before should result in fewer births, as women are able to access continuous family planning. Given that the use of family planning services normally results in the avoidance of pregnancy, we anticipate that the annual rate of Medicaid paid deliveries will decrease.

<i>Data source</i>	Medicaid claims and enrollment files
<i>Eligible population</i>	Women 12–54 years of age enrolled in Medicaid who had a delivery during the measurement year.
<i>Measurement years</i>	January 1, 2007–March 31, 2016
<i>Count of deliveries</i>	Count of all deliveries regardless of status at birth for each measurement year (multiples will be counted as one delivery)

Findings

Figure 4 provides a graphical representation of demonstration effects. There are 4 lines on the graph:

- FMAP deliveries per quarter for 5 years prior to the demonstration
- FMAP deliveries per quarter for the demonstration period
- MAC deliveries per quarter for the 5 years prior to the demonstration
- MAC deliveries per quarter for the demonstration period

The upper bound estimated for averted births is provided by subtracting the MAC slope after the program from the MAC slope before the program. A conservative estimation procedure that attempts to account for enrollment changes was also used. The slope of the line for MAC before the demonstration minus the adjusted value for the slope of the FMAP line before the demonstration provides an estimate of the slope of the MAC line before the program that may be accounted for by fertility rates before the program. The slope of the MAC line after the program began minus the adjusted slope of the line of FMAP provides an estimate of the slope of the MAC line that may be accounted for by fertility rates after the program. Subtracting the "after program" slope from the "before program" slope provides a number of averted births.

As an added measure to keep the estimates conservative - the estimates of averted births are now based on the slopes based upon the data through the year listed on the table. For example, we previously adjusted the slope each year using the previous years of data, adding the current year to the chart and calculating a slope. The difference between the slope before and after for MAC was calculated and applied to the current year and all previous years. This year, we calculated each year according to the change in slope up to that period and did not adjust backwards for added years of data.

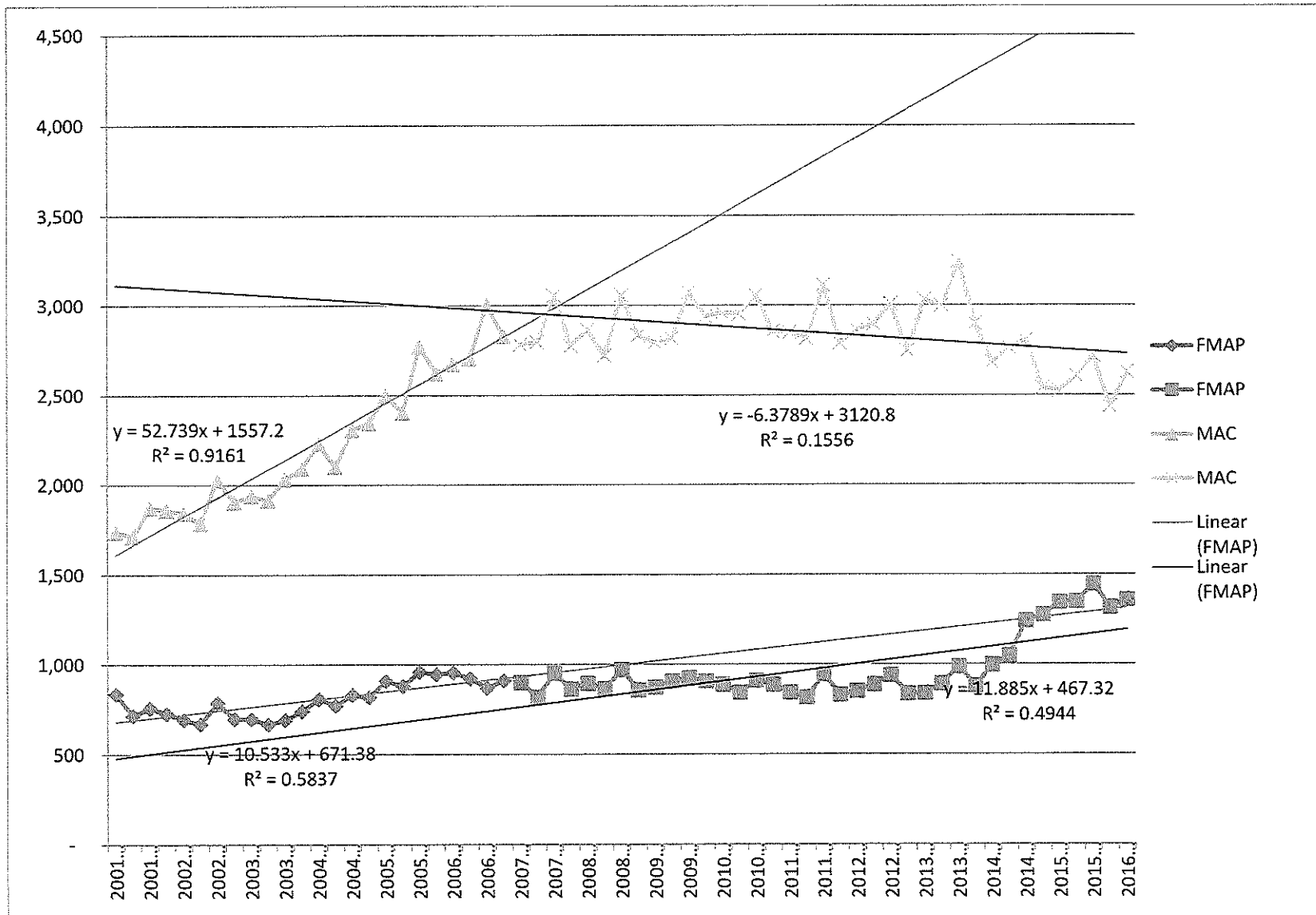
According to these methodologies, from 22,388 to 39,047 births were averted during the ten years of the demonstration. Table 3 provides the number of averted births by year using the upper and lower bound estimations and providing a midpoint.

Table 3. Estimation of averted births, 2007-2016*

Year	Lower	Midpoint	Upper
2007	-504	-143	217
2008	-99	423	946
2009	102	783	1,465
2010	-126	893	1,914
2011	32	1,350	2,668
2012	571	2,045	3,519
2013	413	2,158	3,903
2014	5,382	5,647	5,913
2015	8,211	8,767	9,326
2016*	8,406	8,791	9,176
Total	22,388	30,714	39,047

*Based on 1st quarter results for 2016

Figure 4. Numbers of deliveries by quarter, Q1 2001-Q1 2016



Objective 4: Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.

Under the assumption that any reduction in the birth rate represents a reduction in unintended pregnancies we will use the objective 3 analyses to evaluate this objective.

Objective 5: Reduce teen pregnancy by reducing the number of repeat teen births.

Under the assumption that any reduction in the birth rate represents a reduction in unintended pregnancies we will use the objective 3 analyses to evaluate this objective.

Objective 6: Estimate the overall savings in Medicaid spending attributable to providing family planning services to women for 1 year postpartum.

Four cost categories are combined to calculate Medicaid savings attributable to providing family planning services to women 1 year postpartum. The birth and delivery costs consist of prenatal care, care given with a diagnosis code related to pregnancy prior to delivery; cost of birth care, costs associated with the delivery as indicated by diagnosis and procedure codes; newborn care, care provided to a child under the age of 1 month; and infant care, all care provided to children from 1 month to 1 year of age whose births were paid for by the Medicaid program.

<i>Data source</i>	Medicaid claims files
<i>Eligible population</i>	Women 12–54 years of age enrolled in Medicaid and children birth through 1 year of age enrolled in Medicaid
<i>Measurement years</i>	CY 2007–CY 2015
<i>Cost of care</i>	Medicaid costs associated with claims bearing a diagnosis code indicating prenatal care including all care provided in the prenatal or postpartum period, claims bearing a diagnosis code indicating a birth (for children) or a delivery (for women), claims for children up to 1 month of age and claims for children from 1 month to 1 year of age
<i>Savings</i>	Number of reduced births accountable to the provision of family planning services to women 1 year postpartum times the cost of care

Findings

Table 4 provides the costs for delivery and birth and the first year of life from CY 2001 through CY 2015. The average cost for the mother in 2015 was \$8,688, while the average cost for the birth and first year of life for the child in 2014 was \$7,548. This results in \$16,235 in costs being avoided for each averted birth in CY 2015. The CY 2015 costs are also used to estimate averted costs for CY 2016, as the CY 2016 data may not be complete.

Table 4. Average Medicaid costs for delivery and birth through 1st year of life, CY 2001-1st Quarter 2015

Year	Delivery	Birth through 1st year of life	Total
2001	\$4,593	\$4,938	\$9,531
2002	\$4,771	\$5,472	\$10,243
2003	\$4,750	\$4,975	\$9,725
2004	\$4,906	\$5,662	\$10,568
2005	\$5,228	\$5,256	\$10,484
2006	\$5,656	\$5,962	\$11,618
2007	\$6,068	\$6,656	\$12,724
2008	\$6,240	\$6,772	\$13,012
2009	\$6,890	\$6,505	\$13,395
2010	\$6,998	\$7,031	\$14,029
2011	\$7,412	\$7,046	\$14,458
2012	\$8,059	\$7,544	\$15,603
2013	\$8,049	\$7,841	\$15,890
2014	\$ 7,733	\$7,562	\$ 15,295
2015	\$ 8,688	\$7,548	\$ 16,235

To provide conservative estimates of the reductions in costs from the demonstration, the Medicaid average costs for delivery and birth through first year of life were multiplied by the midpoint estimates of averted births (Table 3). The total averted costs from the demonstration associated with delivery and birth through first year of life were nearly \$490 million through December 2016 (Table 5). It is important to remember that these savings estimates do not include continuing costs for children who remain on Medicaid past their first birthday. Approximately 40% of children who had a Medicaid paid birth will remain on Medicaid five or more years.

Table 5. Savings associated with averted births, CY 2007–CY 2016*

Year	Averted births	Delivery cost	Birth and first year of life costs	Averted costs
2007	-143	\$6,068	\$6,656	(\$1,819,532)
2008	423	\$6,240	\$6,772	\$5,504,076
2009	783	\$6,890	\$6,505	\$10,488,285
2010	893	\$6,998	\$7,031	\$12,527,897
2011	1,350	\$7,412	\$7,046	\$19,518,300
2012	2,045	\$8,059	\$7,544	\$31,908,135
2013	2,158	\$8,049	\$7,841	\$34,290,620
2014	5,647	\$7,733	\$7,562	\$86,370,865
2015	8,767	\$8,688	\$7,548	\$142,341,012
2016*	8,791	\$8,688	\$7,548	\$142,730,676
Total	30,714	\$74,825	\$72,053	\$485,679,866

*2016 estimates based on 2015 costs

Table 6 provides estimates of the net savings to Medicaid resulting from the family planning demonstration using the midpoint estimates. It is difficult to provide exact net savings numbers; however, the true value most likely lies near the midpoint. Over the five years of the original demonstration period and the five years of the extension period, an estimated \$420 million were avoided through an investment of \$81 million for a return of \$4.19 for every dollar spent.

Table 6. Net savings in Medicaid costs due to the family planning demonstration program, CY 2006–2016*

Year	Total costs averted	FP service costs	Net savings
2006	\$0	\$ 5,192,124	(\$5,192,124)
2007	(\$1,819,532)	\$ 6,931,922	(\$8,751,454)
2008	\$5,504,076	\$ 8,649,314	(\$3,145,238)
2009	\$10,488,285	\$ 9,494,280	\$994,005
2010	\$12,527,897	\$ 9,206,530	\$3,321,367
2011	\$19,518,300	\$ 8,568,748	\$10,949,552
2012	\$31,908,135	\$ 9,717,669	\$22,190,466
2013	\$34,290,620	\$ 8,627,444	\$25,663,176
2014	\$86,370,865	\$ 5,674,214	\$80,696,651
2015	\$142,341,012	\$ 3,857,025	\$138,483,987
2016*	\$142,730,676	\$ 4,976,604	\$137,754,072
Total	\$485,679,866	\$80,895,874	\$420,053,276

*2016 estimates based on 2015 costs

While the extrapolation method provided reasonable estimates of averted births and avoided costs for the first few years after the implementation of the program, the continued use of this model for the long-term estimates becomes increasingly difficult. If the lower estimates of averted births were used instead of the midpoint estimates, then the estimated total costs avoided would be nearly \$360 million, yielding a net savings of \$280 million, and a return of \$2.45 for every dollar spent.

For the program to reach economic parity, the expense of \$4.9 million spent on family planning services in 2016 would have needed to avert a total of 307 births, for the roughly 159,000 months of family planning services provided. This equates to averting one birth per 518 months provided.

The Family Planning Demonstration (FPD) has provided a cost-effective mechanism to allow women and men access family planning services. This access has resulted in savings to the state.

Appendix 1. Delivery codes

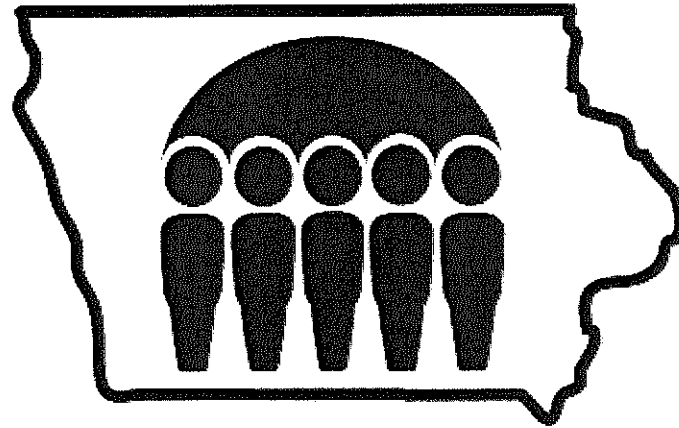
ICD-9-CM procedure codes: 72.0, 72.1, 72.21, 72.29, 72.31, 72.39, 72.4, 72.51, 72.52, 72.53, 72.54, 72.6, 72.71, 72.79, 72.8, 72.9, 73.01, 73.09, 73.1, 73.21, 73.22, 73.3, 73.4, 73.51, 73.59, 73.6, 73.8, 73.91, 73.92, 73.93, 73.94, 73.99, 74.0, 74.1, 74.2, 74.4, 74.99

ICD-10-CM procedure codes: 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10D17ZZ, 10D18ZZ, 10D27ZZ, 10D28ZZ, 10E0XZZ

ICD-9-CM diagnosis codes: 640.01, 640.81, 640.91, 641.01, 641.11, 641.21, 641.31, 641.81, 641.91, 642.01, 642.02, 642.11, 642.12, 642.21, 642.22, 642.31, 642.32, 642.41, 642.42, 642.51, 642.52, 642.61, 642.62, 642.71, 642.72, 642.91, 642.92, 643.01, 643.11, 643.21, 643.81, 643.91, 644.21, 645.11, 645.21, 646.01, 646.11, 646.12, 646.21, 646.22, 646.31, 646.41, 646.42, 646.51, 646.52, 646.61, 646.62, 646.71, 646.81, 646.82, 646.91, 647.01, 647.02, 647.11, 647.12, 647.21, 647.22, 647.31, 647.32, 647.41, 647.42, 647.51, 647.52, 647.61, 647.62, 647.81, 647.82, 647.91, 647.92, 648.01, 648.02, 648.11, 648.12, 648.21, 648.22, 648.31, 648.32, 648.41, 648.42, 648.51, 648.52, 648.61, 648.62, 648.71, 648.72, 648.81, 648.82, 648.91, 648.92, 649.01, 649.02, 649.11, 649.12, 649.21, 649.22, 649.31, 649.32, 649.41, 649.42, 649.51, 649.61, 649.62, 649.71, 649.81, 649.82, 650, 651.01, 651.11, 651.21, 651.31, 651.41, 651.51, 651.61, 651.71, 651.81, 651.91, 652.01, 652.11, 652.21, 652.31, 652.41, 652.51, 652.61, 652.71, 652.81, 652.91, 653.01, 653.11, 653.21, 653.31, 653.41, 653.51, 653.61, 653.71, 653.81, 653.91, 654.01, 654.02, 654.11, 654.12, 654.21, 654.31, 654.32, 654.41, 654.42, 654.51, 654.52, 654.61, 654.62, 654.71, 654.72, 654.81, 654.82, 654.91, 654.92, 655.01, 655.11, 655.21, 655.31, 655.41, 655.51, 655.61, 655.71, 655.81, 655.91, 656.01, 656.11, 656.21, 656.31, 656.51, 656.61, 656.71, 656.81, 656.91, 657.01, 658.01, 658.11, 658.21, 658.31, 658.41, 658.81, 658.91, 659.01, 659.11, 659.21, 659.31, 659.41, 659.51, 659.61, 659.71, 659.81, 659.91, 660.01, 660.11, 660.21, 660.31, 660.41, 660.51, 660.61, 660.71, 660.81, 660.91, 661.01, 661.11, 661.21, 661.31, 661.41, 661.91, 662.01, 662.11, 662.21, 662.31, 663.01, 663.11, 663.21, 663.31, 663.41, 663.51, 663.61, 663.81, 663.91, 664.01, 664.11, 664.21, 664.31, 664.41, 664.51, 664.61, 664.81, 664.91, 665.01, 665.11, 665.22, 665.31, 665.41, 665.51, 665.61, 665.71, 665.72, 665.81, 665.82, 665.91, 665.92, 666.02, 666.12, 666.22, 666.32, 667.02, 667.12, 668.01, 668.02, 668.11, 668.12, 668.21, 668.22, 668.81, 668.82, 668.91, 668.92, 669.01, 669.02, 669.11, 669.12, 669.21, 669.22, 669.32, 669.41, 669.42, 669.51, 669.61, 669.71, 669.81, 669.82, 669.91, 669.92, 670.02, 671.01, 671.02, 671.11, 671.12, 671.21, 671.22, 671.31, 671.42, 671.51, 671.52, 671.81, 671.82, 671.91, 671.92, 672.02, 673.01, 673.02, 673.11, 673.12, 673.21, 673.22, 673.31, 673.32, 673.81, 673.82, 674.01, 674.02, 674.12, 674.22, 674.32, 674.42, 674.51, 674.52, 674.82, 674.92, 675.01, 675.02, 675.11, 675.12, 675.21, 675.22, 675.81, 675.82, 675.91, 675.92, 676.01, 676.02, 676.11, 676.12, 676.21, 676.22, 676.31, 676.32, 676.41, 676.42, 676.51, 676.52, 676.61, 676.62, 676.81, 676.82, 676.91, 676.92, 678.01, 678.11, 679.01, 679.02, 679.11, 679.12, V27.0, V27.2, V27.3, V27.5, V27.6

CPT procedure codes: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Iowa Department of Human Services



Family Planning Program

Previously Iowa Family Planning Waiver

January 2018

Report Summary: Family Planning Program

Background

The Family Planning Program (FPP) is for men and women who are 12-54 years of age. The FPP helps with the cost of family planning related services. The FPP is a state-funded DHS program that replaced the Iowa Family Planning Network (IFPN) program. Eligibility and covered benefits did not change. The location where members receive services may have changed. As of July 1, 2017, eligible IFPN members transitioned to the FPP. This program allows men and women to get family planning services only. This program is a form of limited benefit coverage. It does not meet the Affordable Care Act requirements for a minimum essential benefits plan.

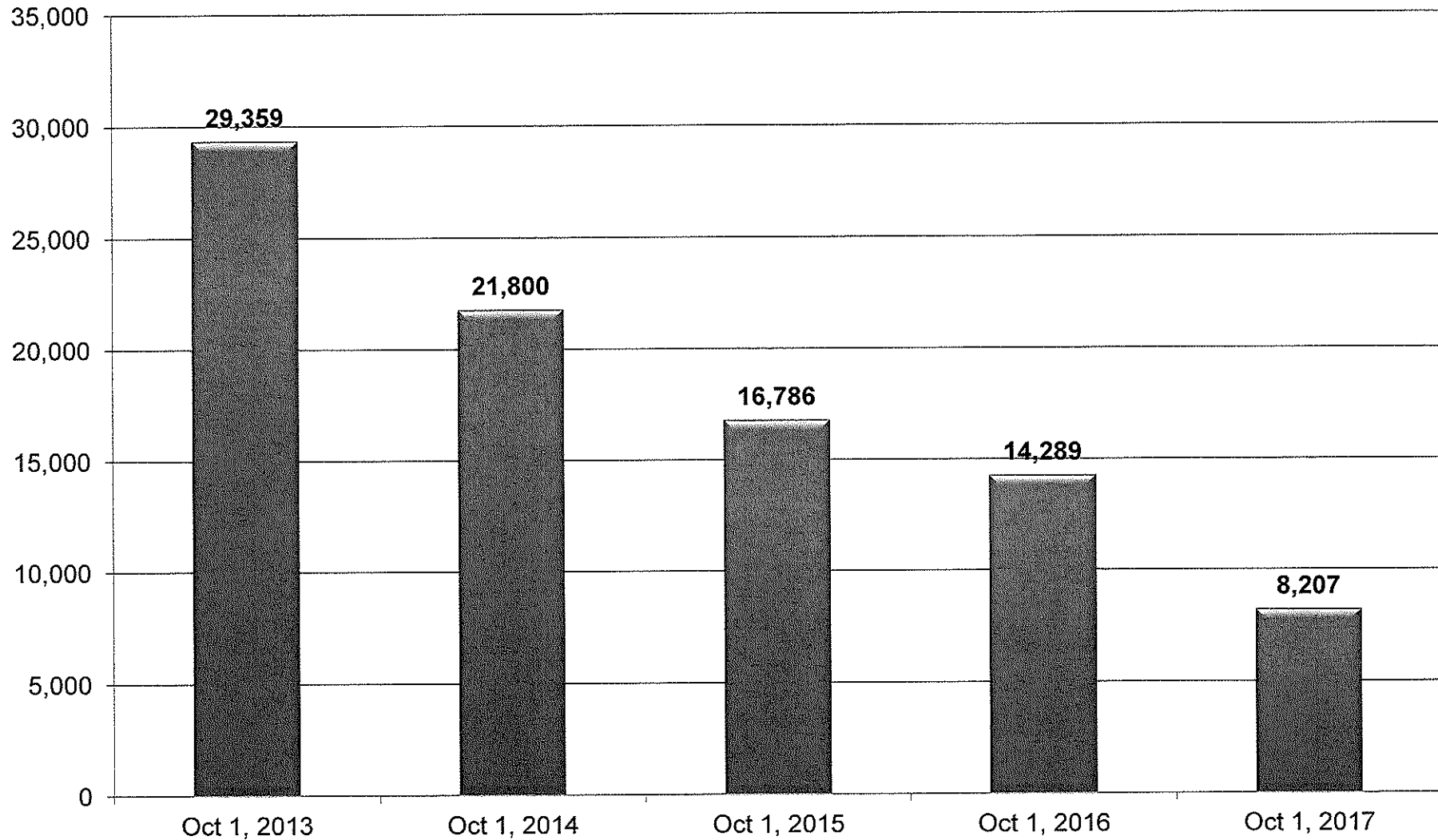
Data Limitations/Considerations

The FPP and IFPN are programs with limited benefits and declining enrollment due to increased health care coverage, as FPP and IFPN do not meet the Affordable Care Act (ACA) definition of 'minimal essential coverage.'

It is important to note that data are collected from a variety of systems, including eligibility and claims systems. With the recent transition to managed care and the transition from IFPN to the FPP, data may not have been collected in the exact same way, due to differences in claims processing, etc. A work group was assembled to ensure we are accounting for these changes and how they affect the data. The data workgroup developed a data dictionary for the data elements reported in this document. It is located here.

Data Caveat Statement

Figure X: Number of Enrolled Members

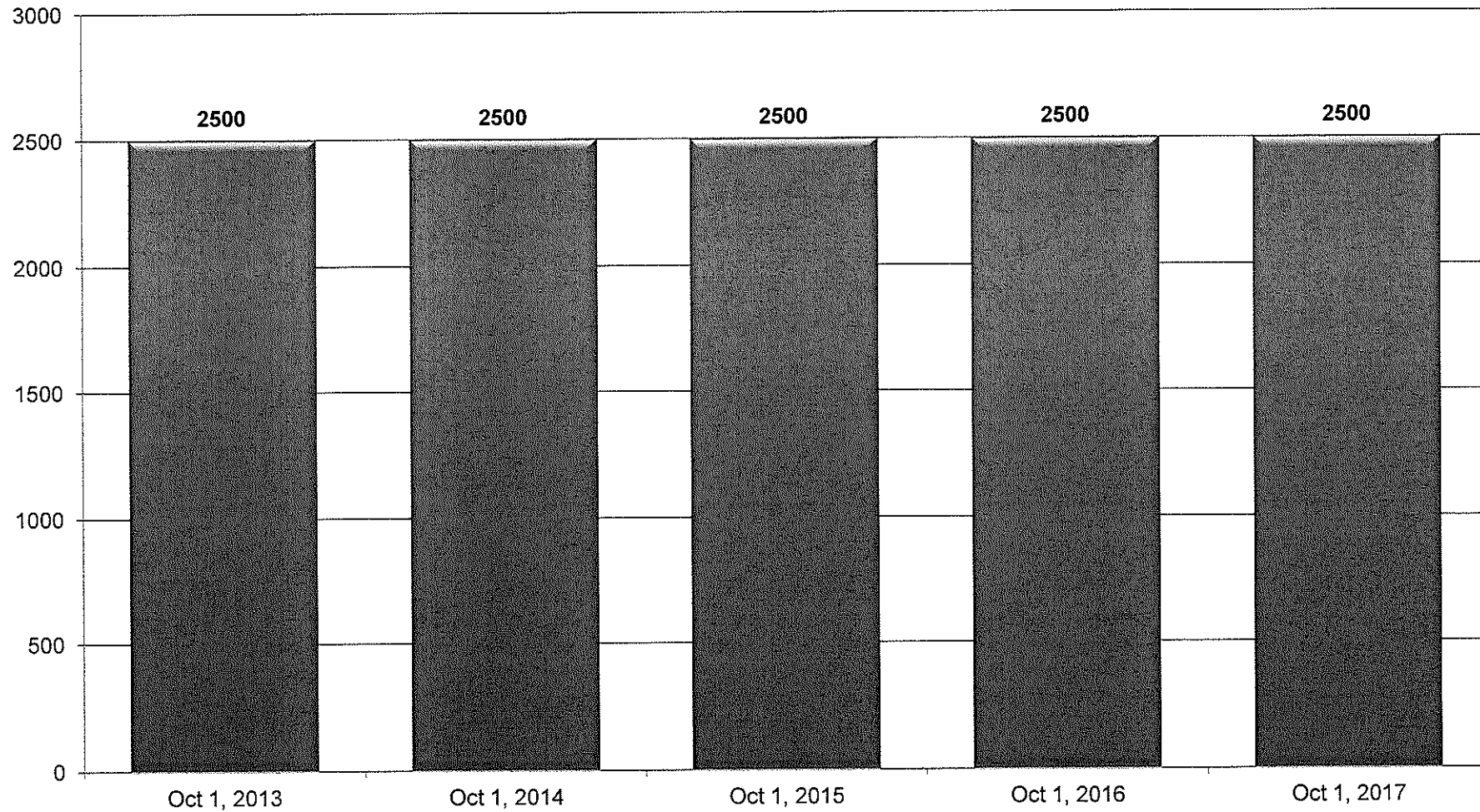


Unduplicated Enrolled Members' Numbers

Data Source: Monthly Medicaid Eligibility Report Mars Report IAMM3700-R001, R002, R003 from MMIS

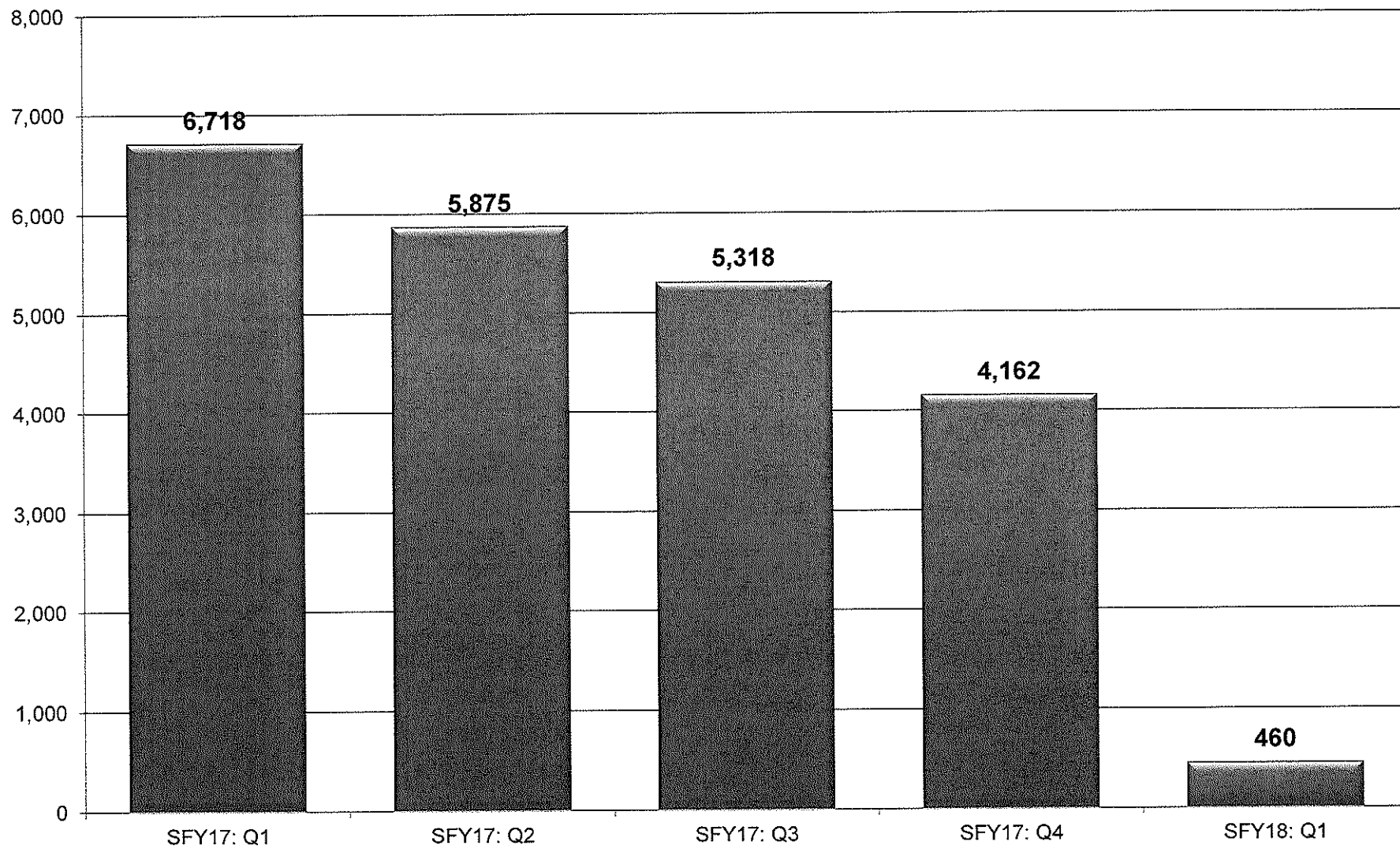
The FPP and IFPN are programs with limited benefits and declining enrollment due to increased health care coverage, as FPP and IFPN do not meet the Affordable Care Act (ACA) definition of 'minimal essential coverage.'

Figure X: Enrolled FFP Members Claiming Confidentialty Good Cause



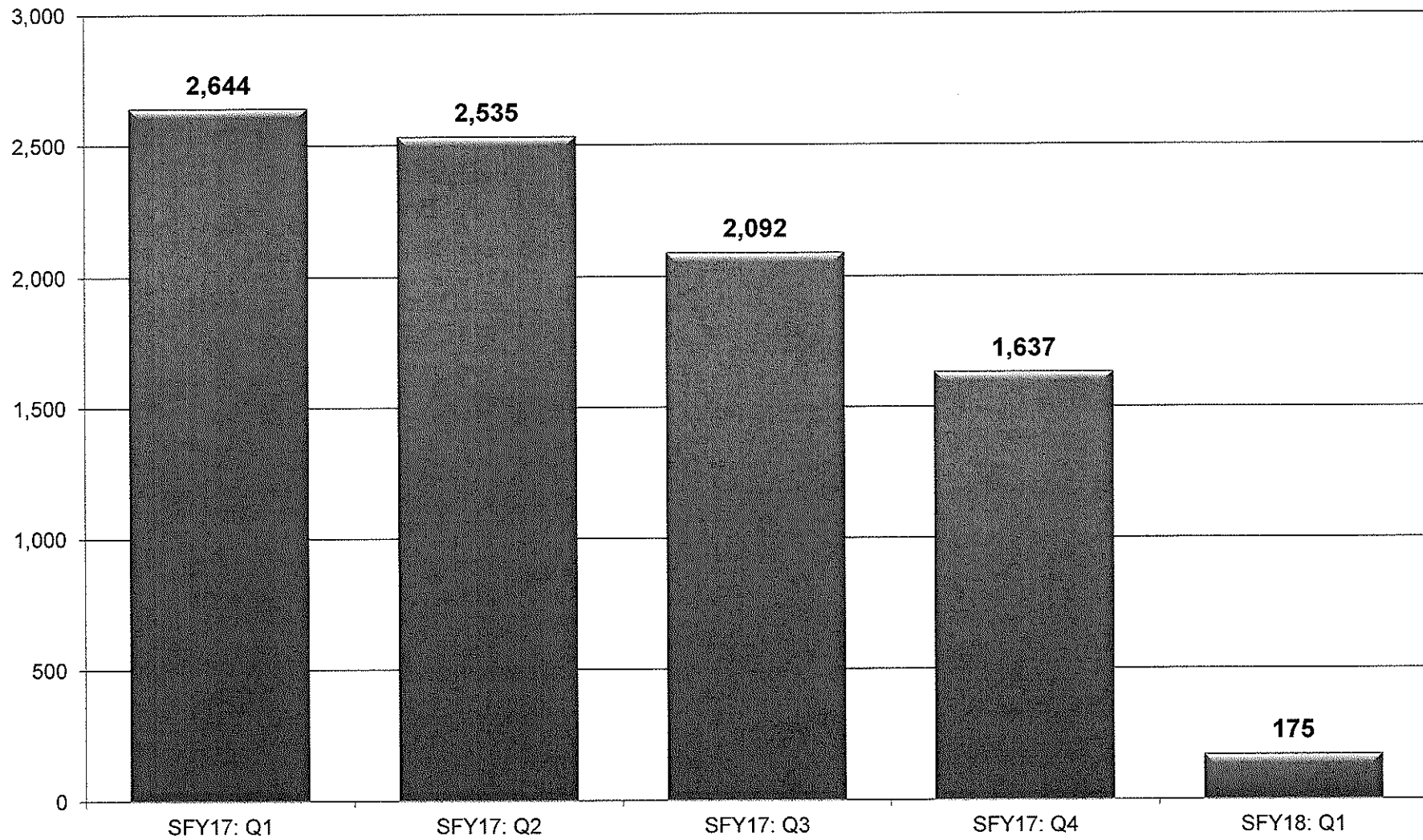
Duplicated Enrolled Members' Numbers (may include members enrolled in Medicaid due to a pregnancy ending)

Figure X: Services Accessed by Members



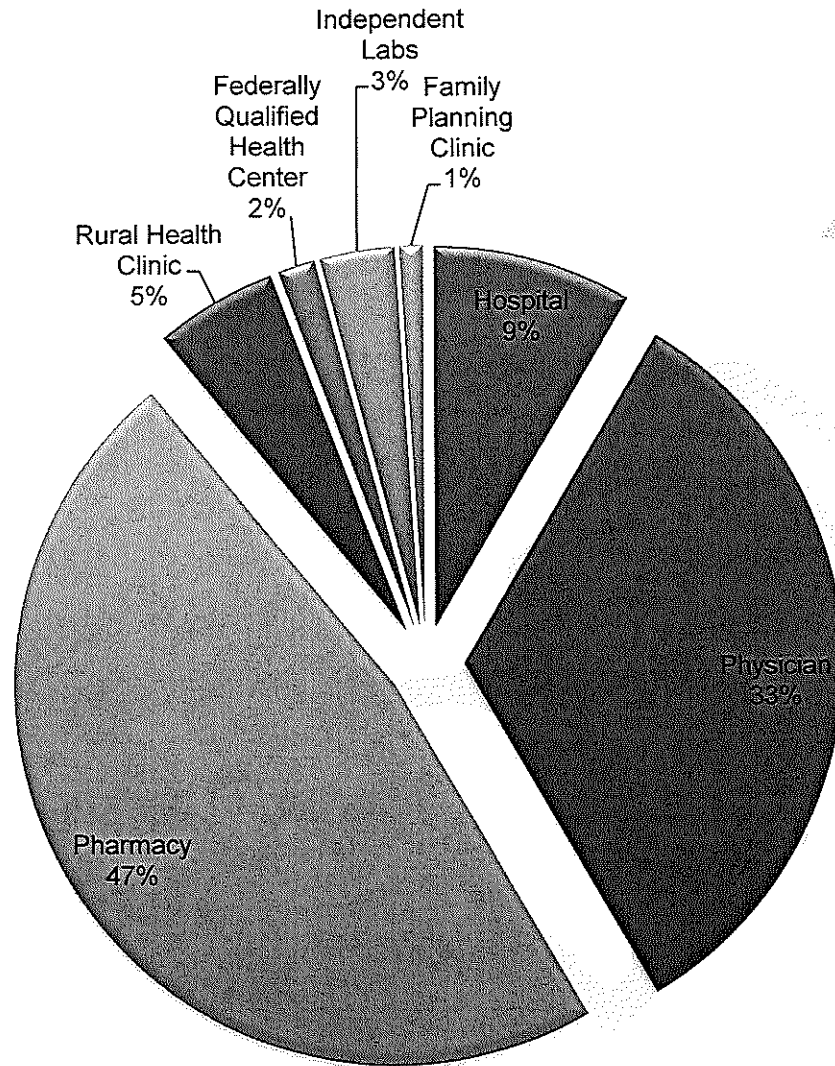
Data Source: Core Ad Hoc Report/Query

Figure X: Unique Provider Count



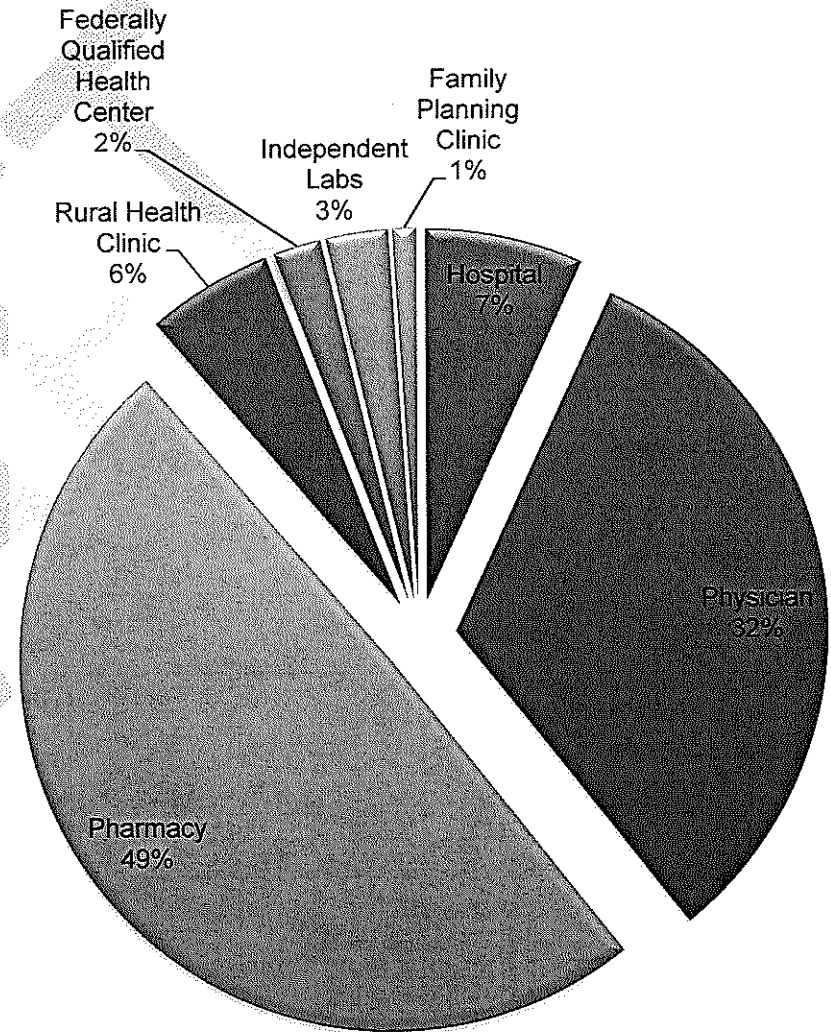
Data Source: Core Ad Hoc Report/Query

Figure X: Provider Participation SFY17: Q2



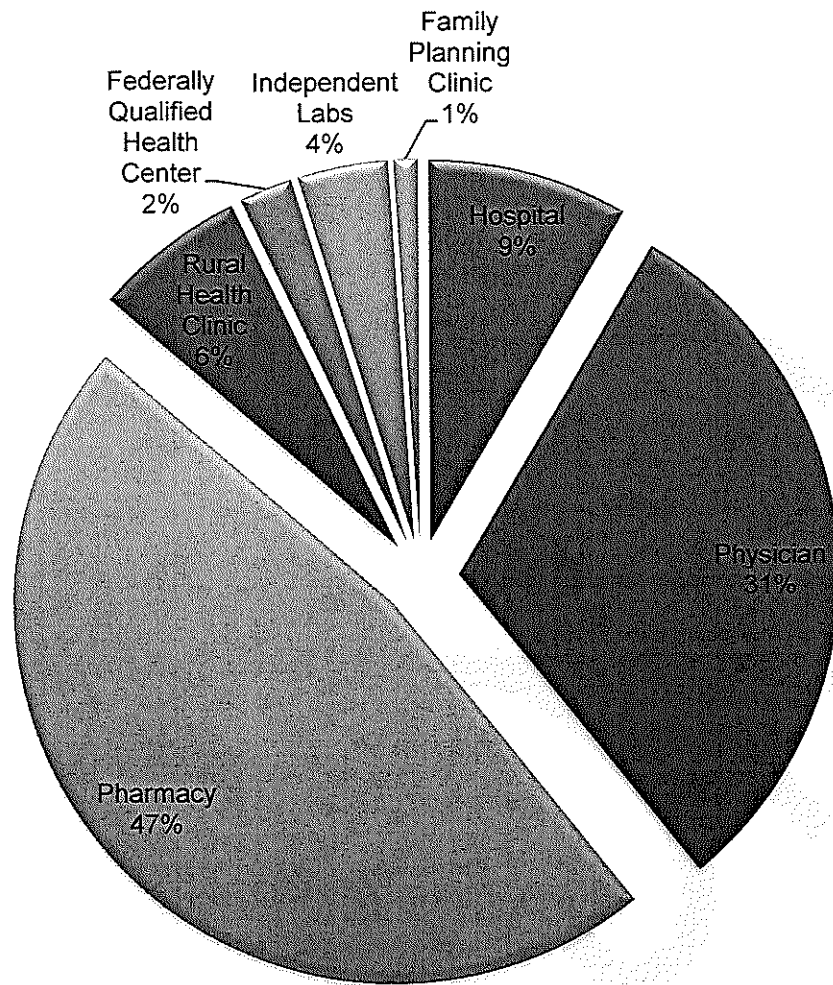
Data Source: DDM

Figure X: Provider Participation SFY17: Q3



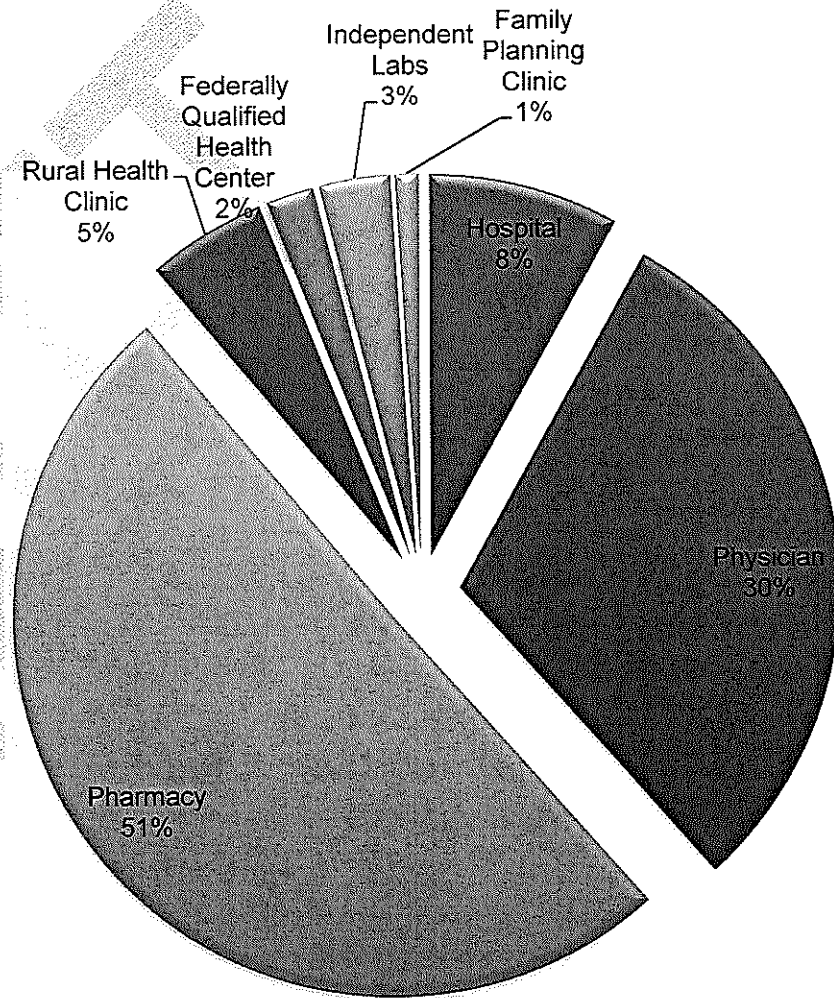
Data Source: DDM

Figure X: Provider Participation SFY17: Q4



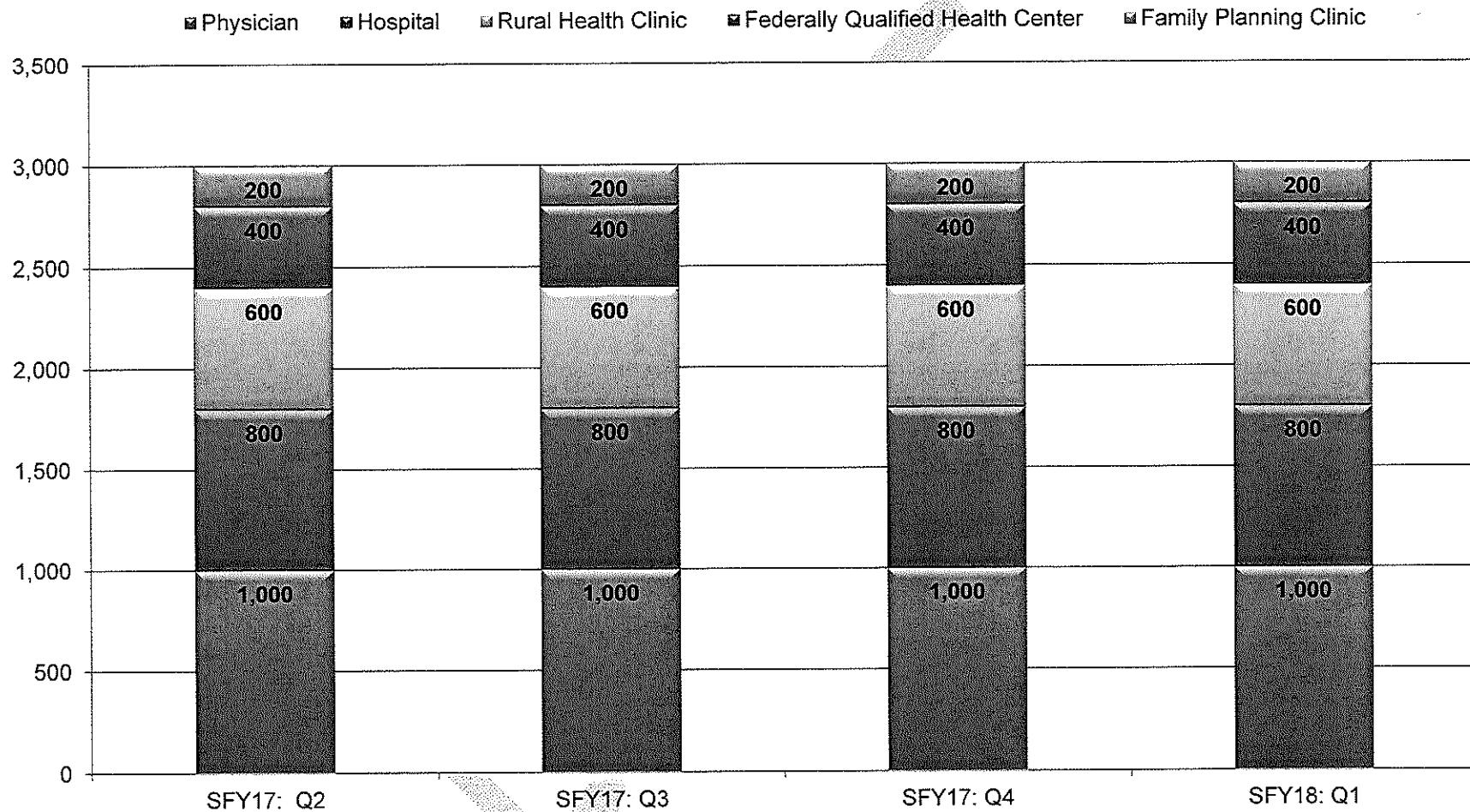
Data Source: DDM

Figure X: Provider Participation SFY18: Q1



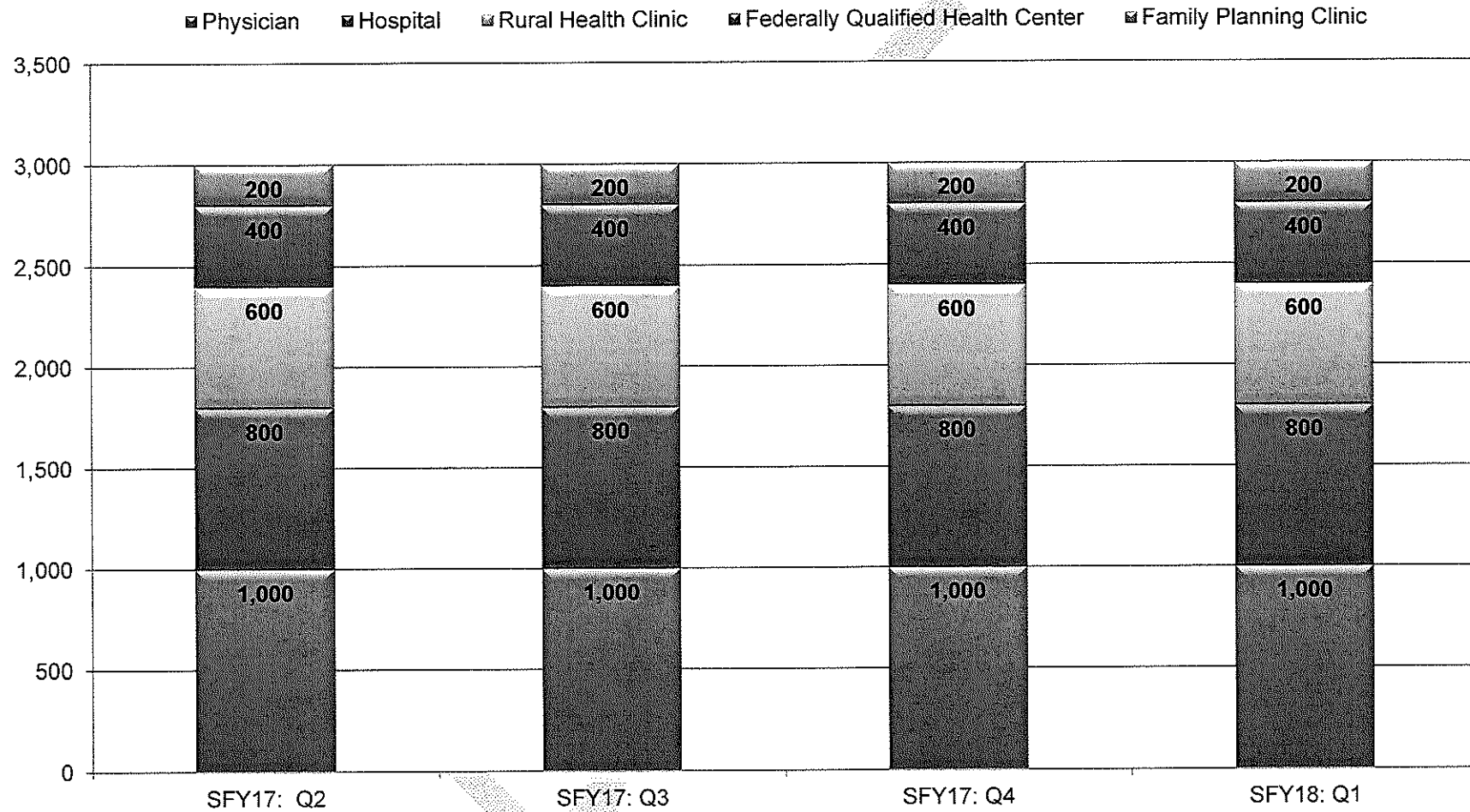
Data Source: DDM

**Figure X: Provider Participation
Public Health Region 1 - Central Iowa**



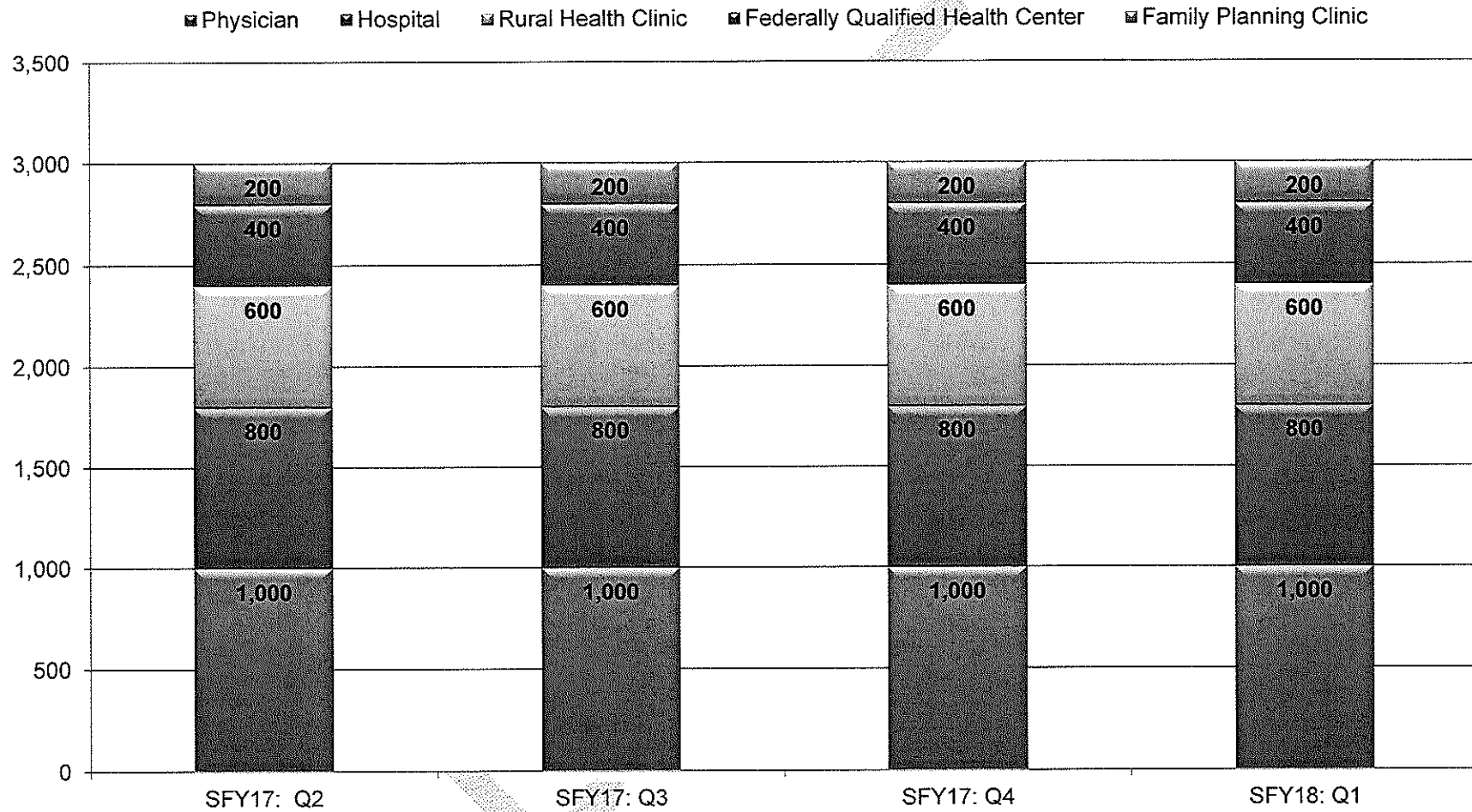
Data Source: Core Ad Hoc Report/Query

**Figure X: Provider Participation
Public Health Region 2 - North Iowa**



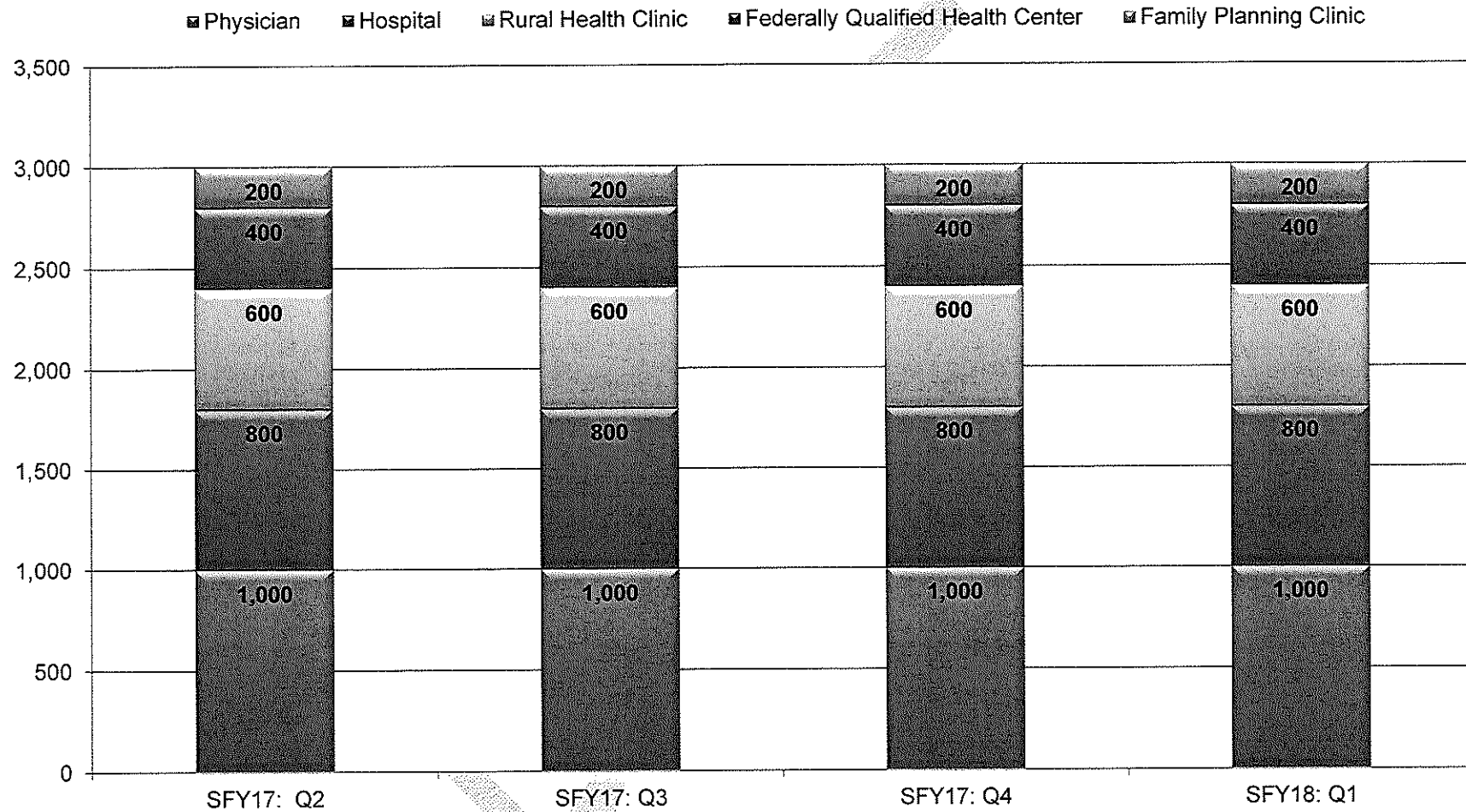
Data Source: Core Ad Hoc Report/Query

Figure X: Provider Participation Public Health Region 3 - Northwest Iowa



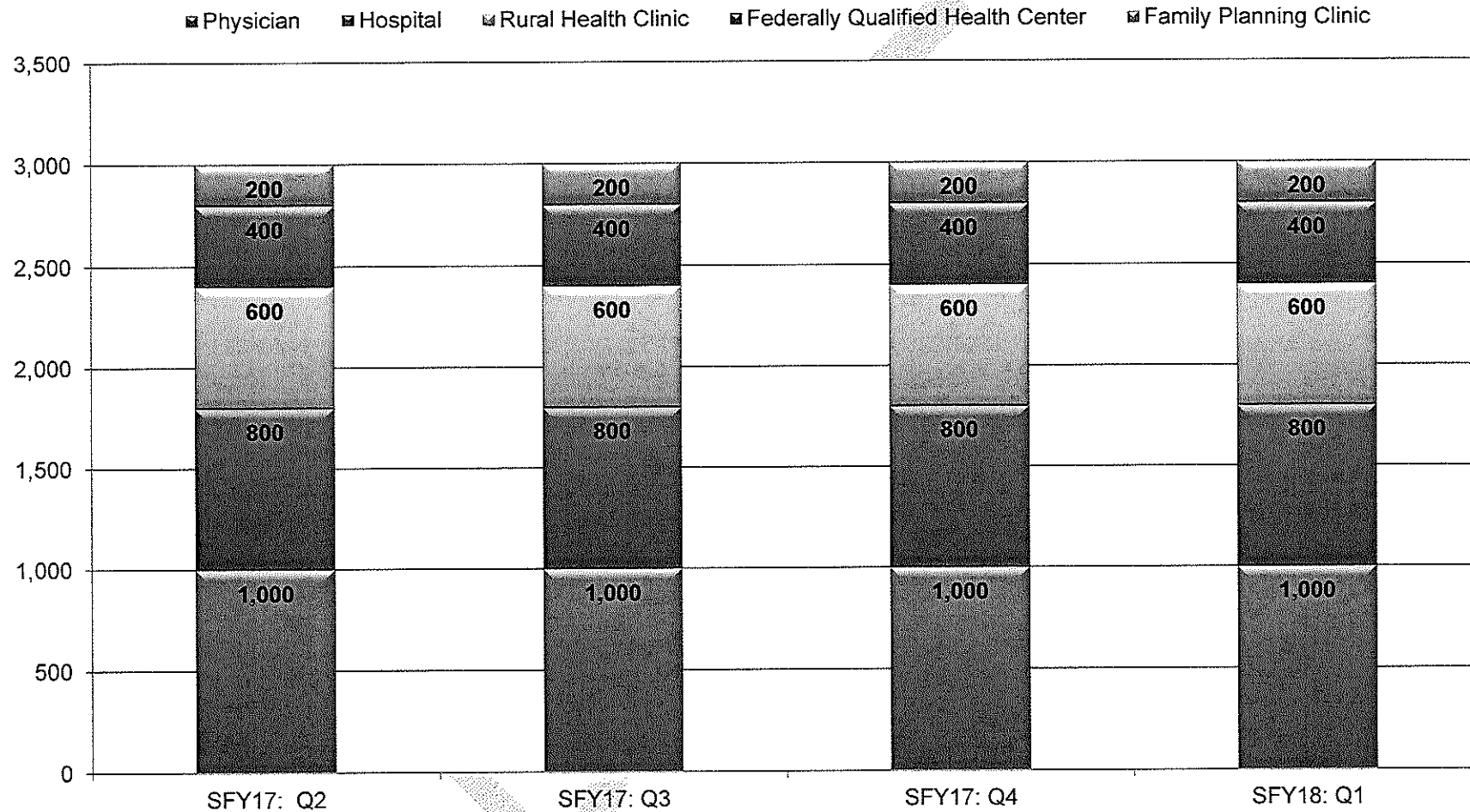
Data Source: Core Ad Hoc Report/Query

**Figure X: Provider Participation
Public Health Region 4 - Southwest Iowa**



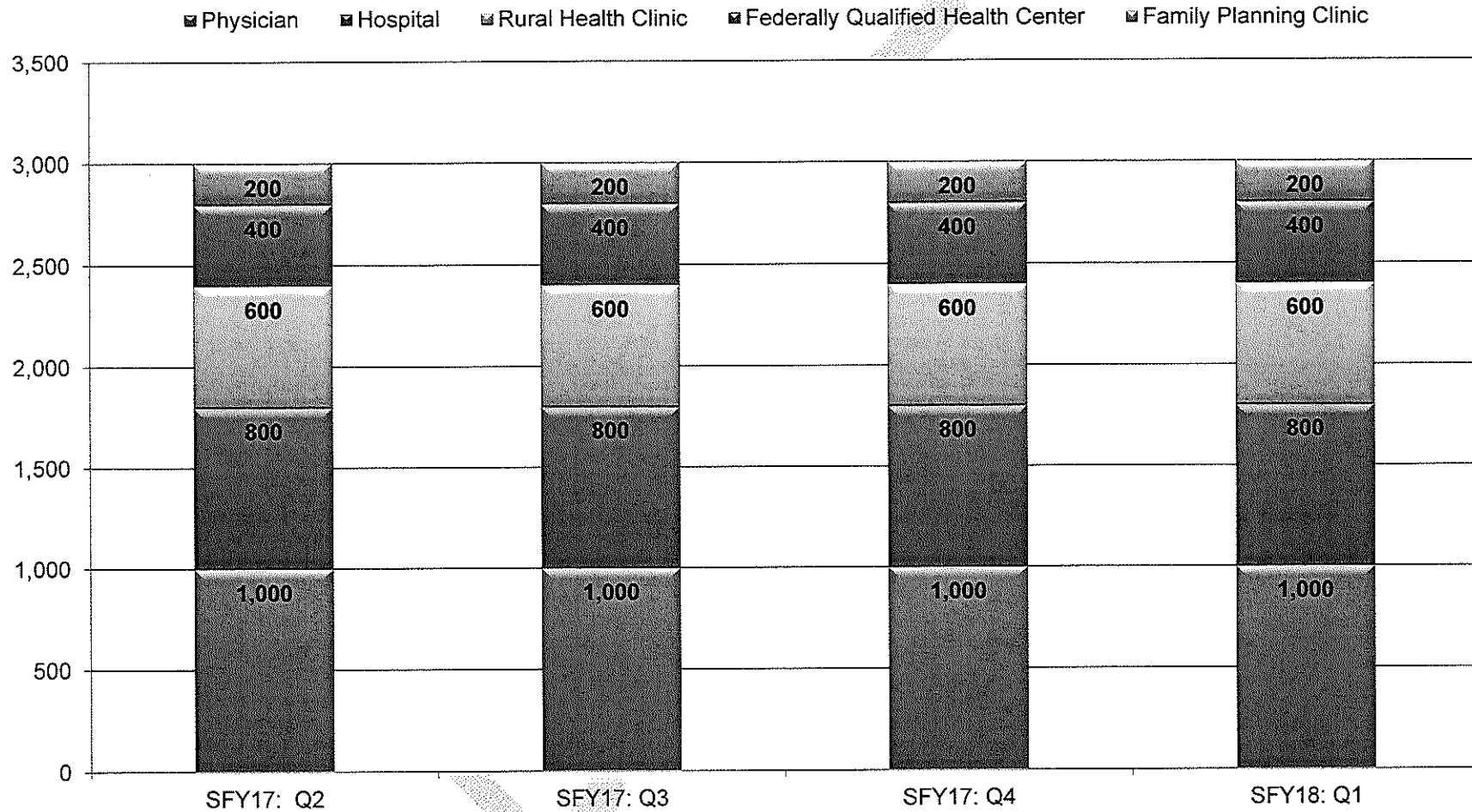
Data Source: Core Ad Hoc Report/Query

**Figure X: Provider Participation
Public Health Region 5 - Southeast Iowa**



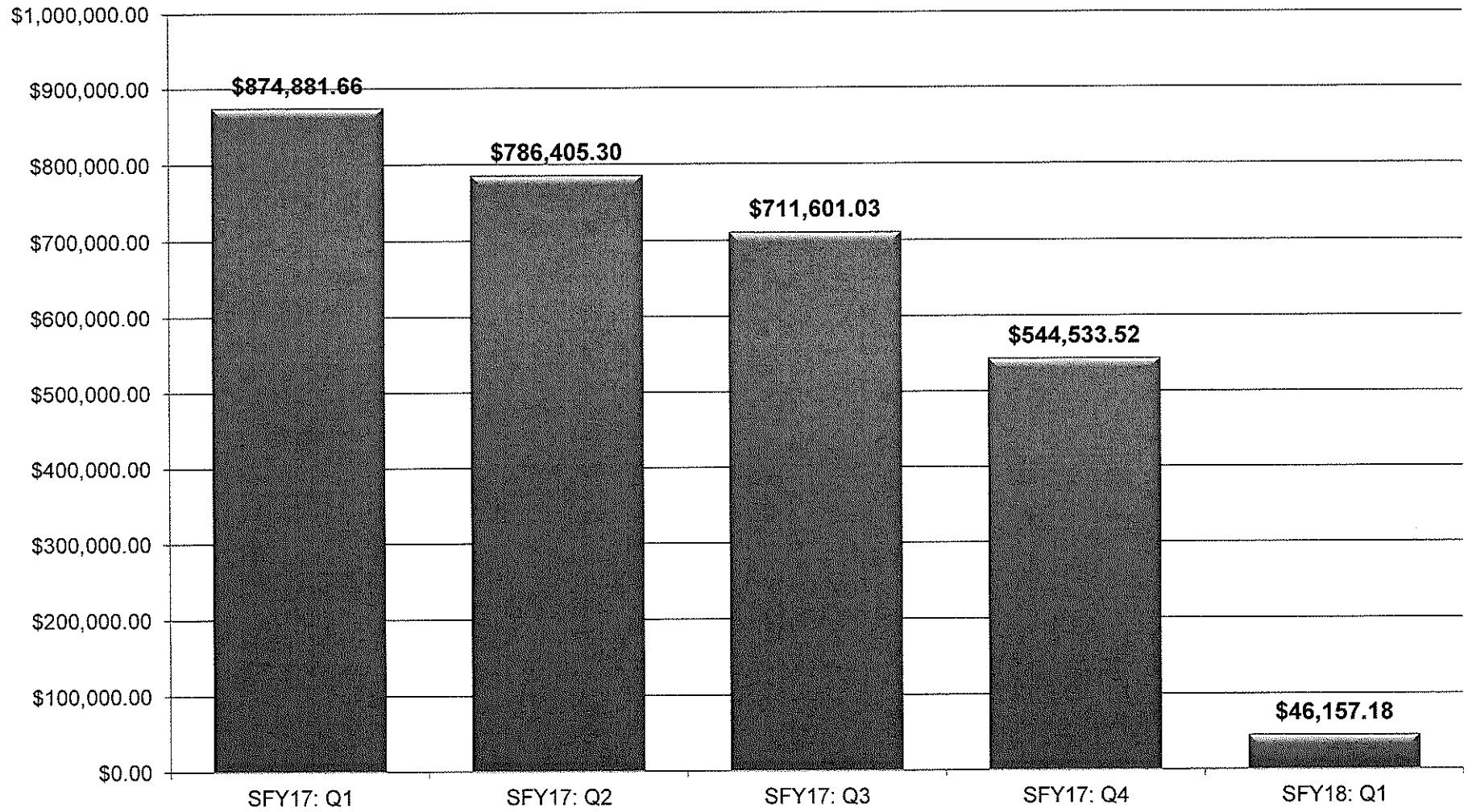
Data Source: Core Ad Hoc Report/Query

**Figure X: Provider Participation
Public Health Region 6 - East Central Iowa**



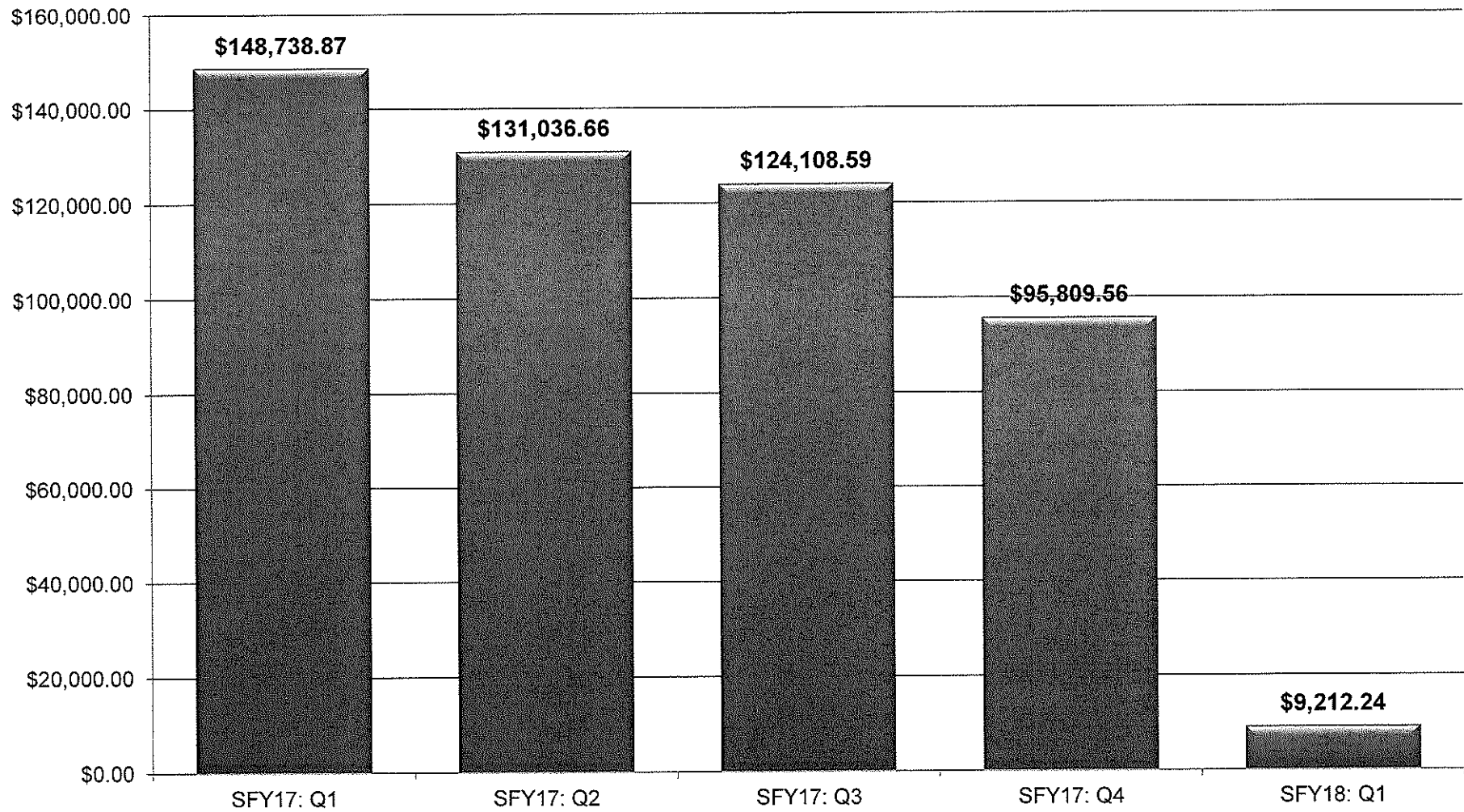
Data Source: Core Ad Hoc Report/Query

Figure X: Reimbursement for Services



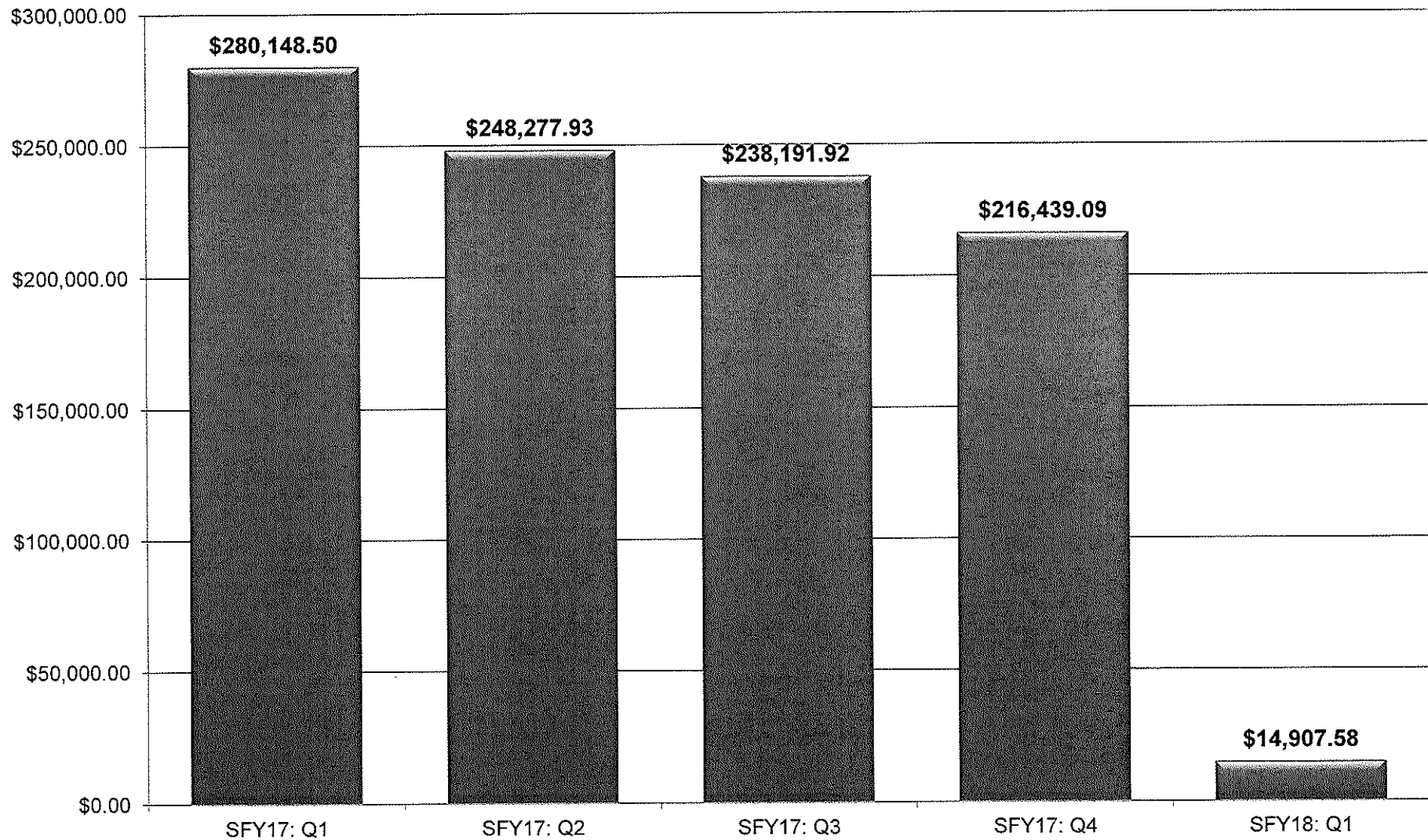
Data Source: Core Ad Hoc Report/Query

Figure X: Payments for Office Visits



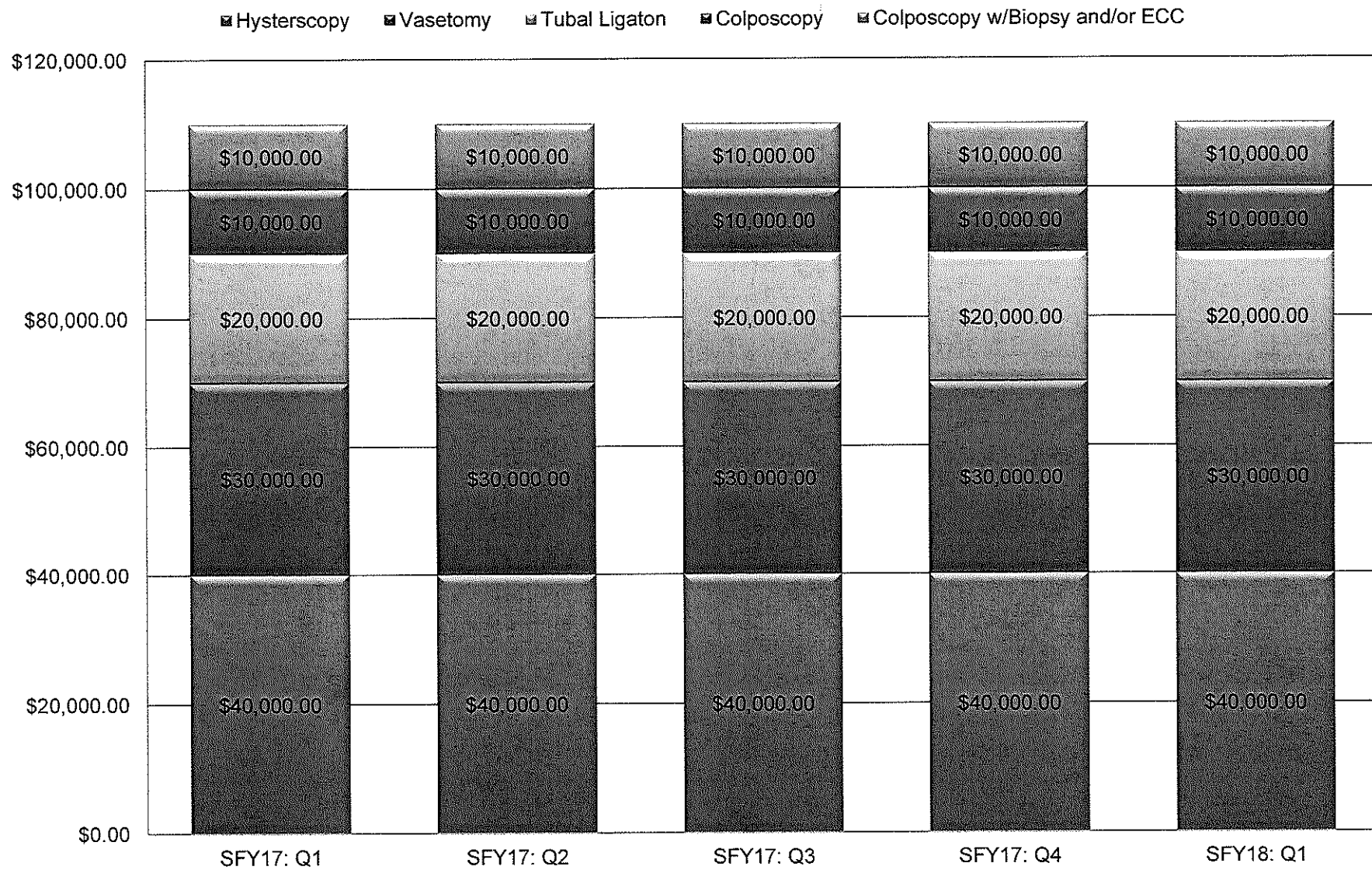
Data Source: Core Ad Hoc Report/Query

Figure X: Payments for Contraceptive Services



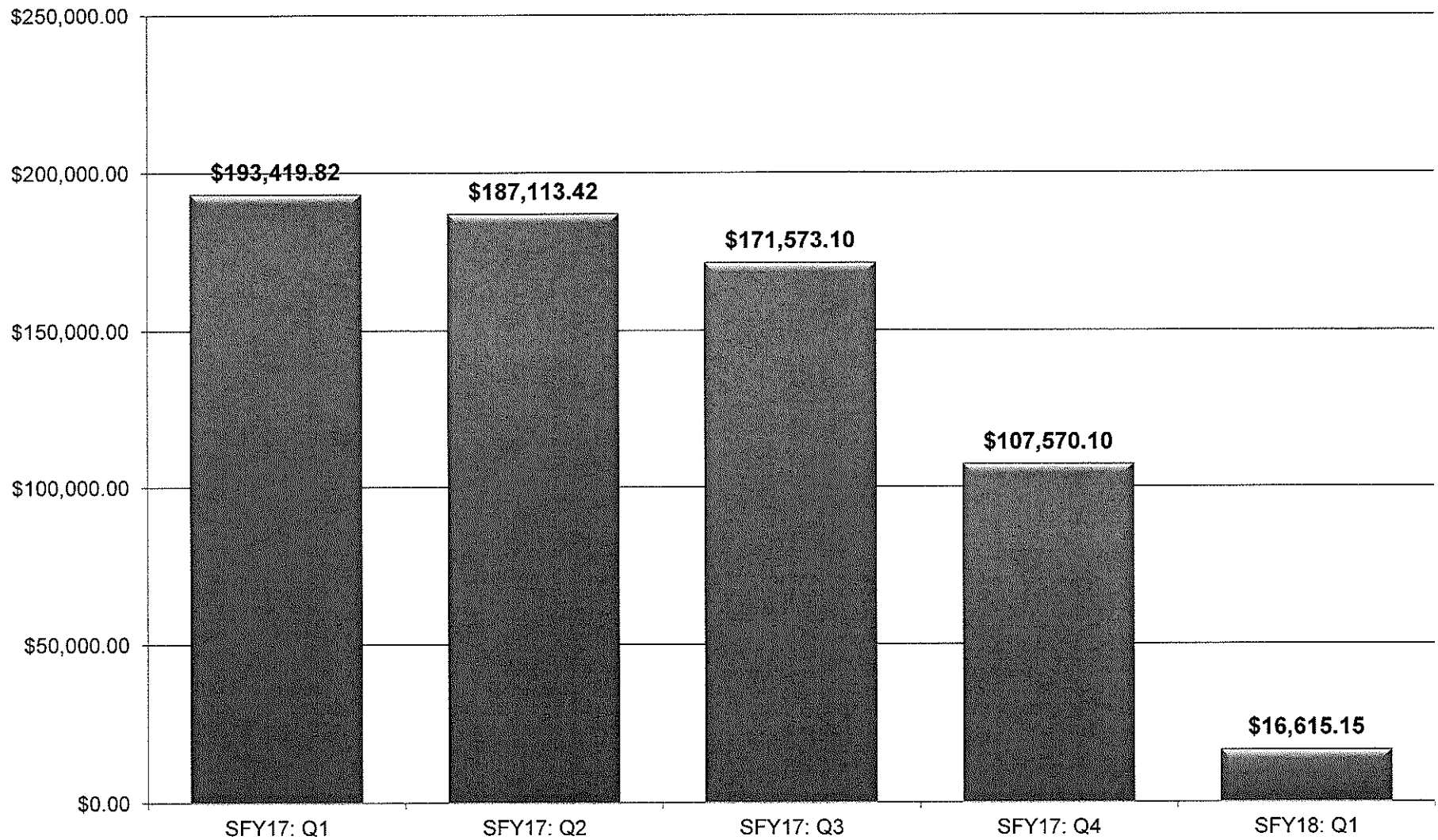
Data Source: Core Ad Hoc Report/Query

Figure X: Payments for Selective Services



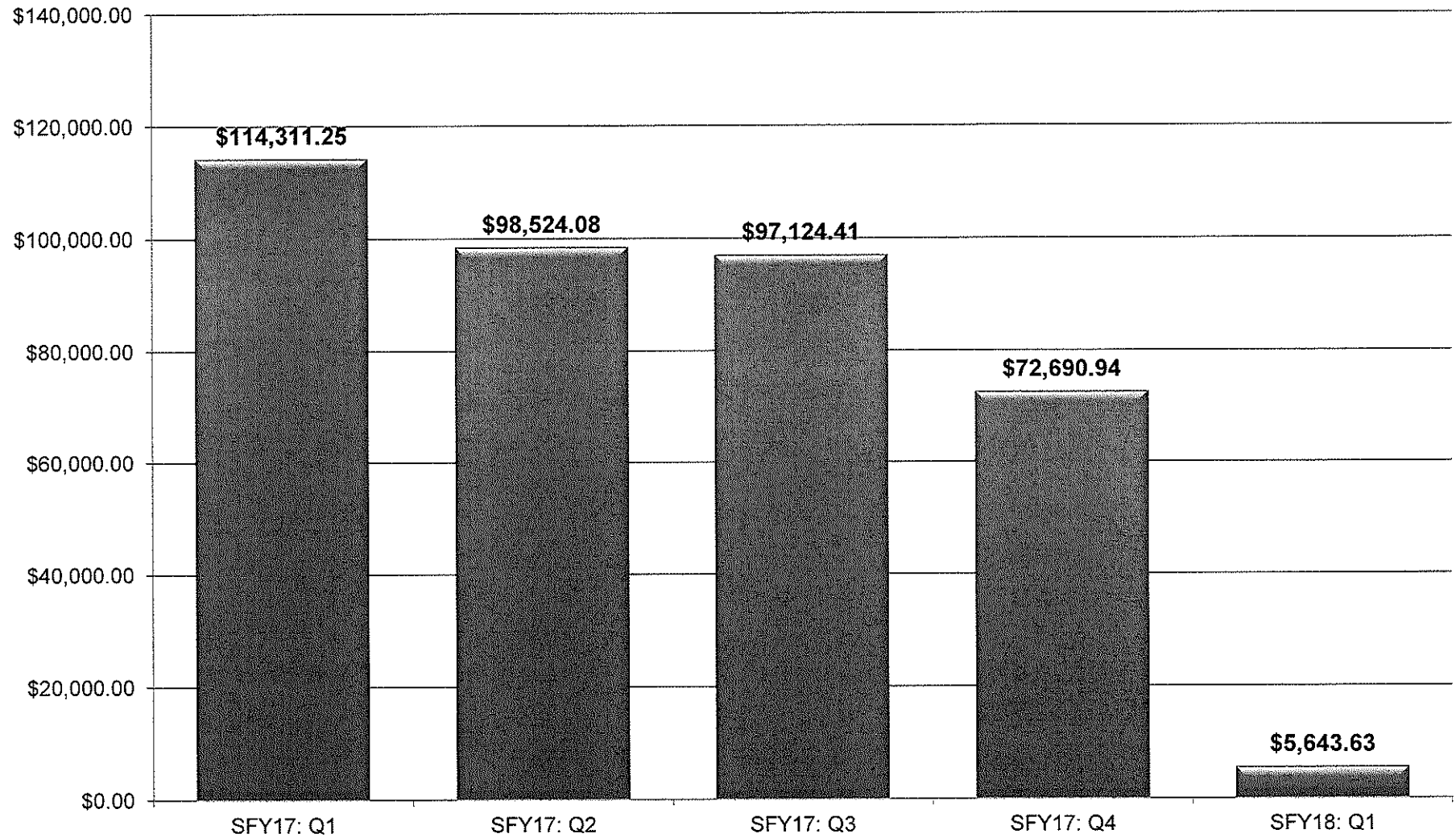
Data Source: Core Ad Hoc Report/Query

Figure X: Pharmacy Payments



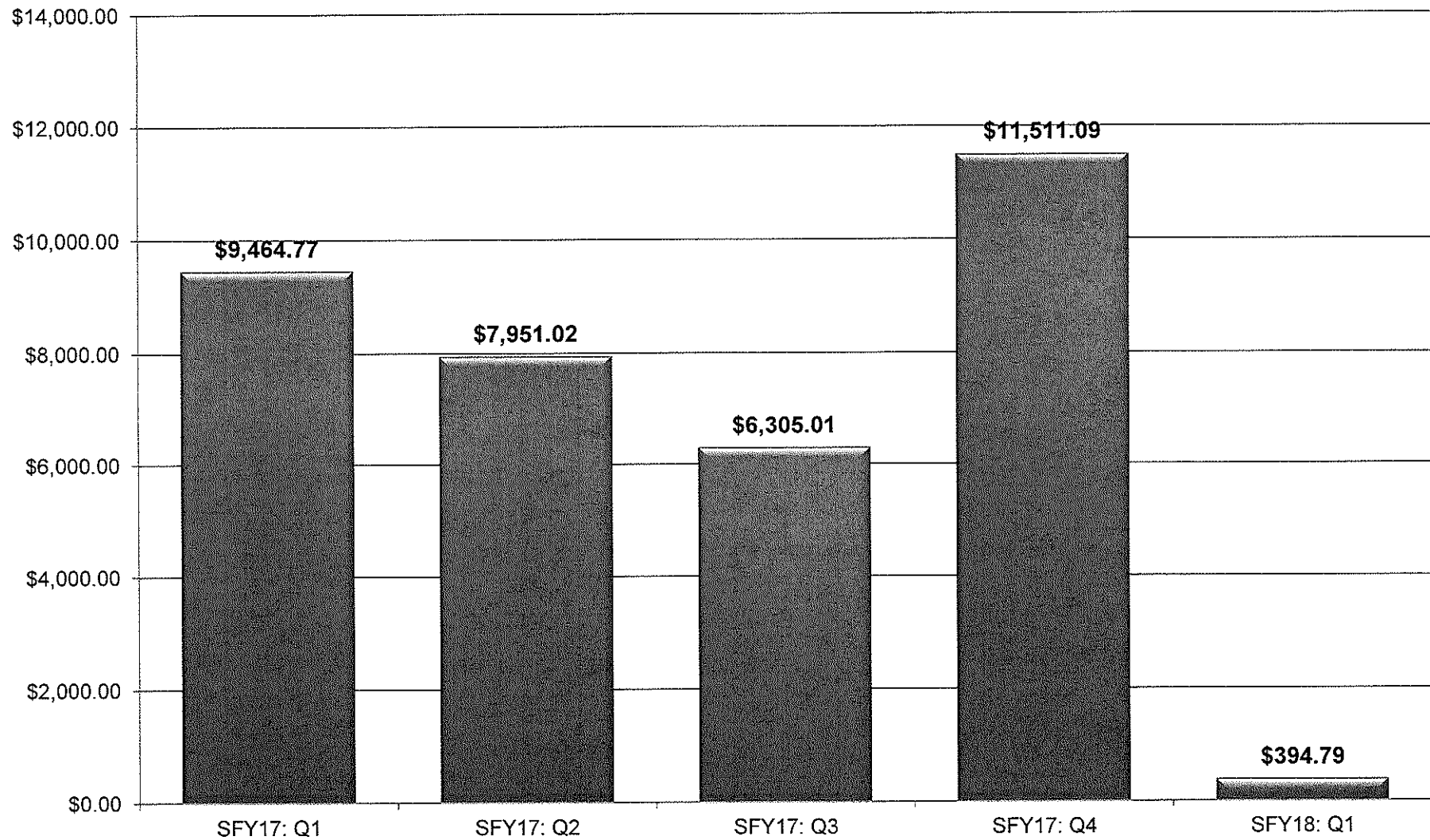
Data Source: Core Ad Hoc Report/Query

Figure X: Payments for Labs and X-rays



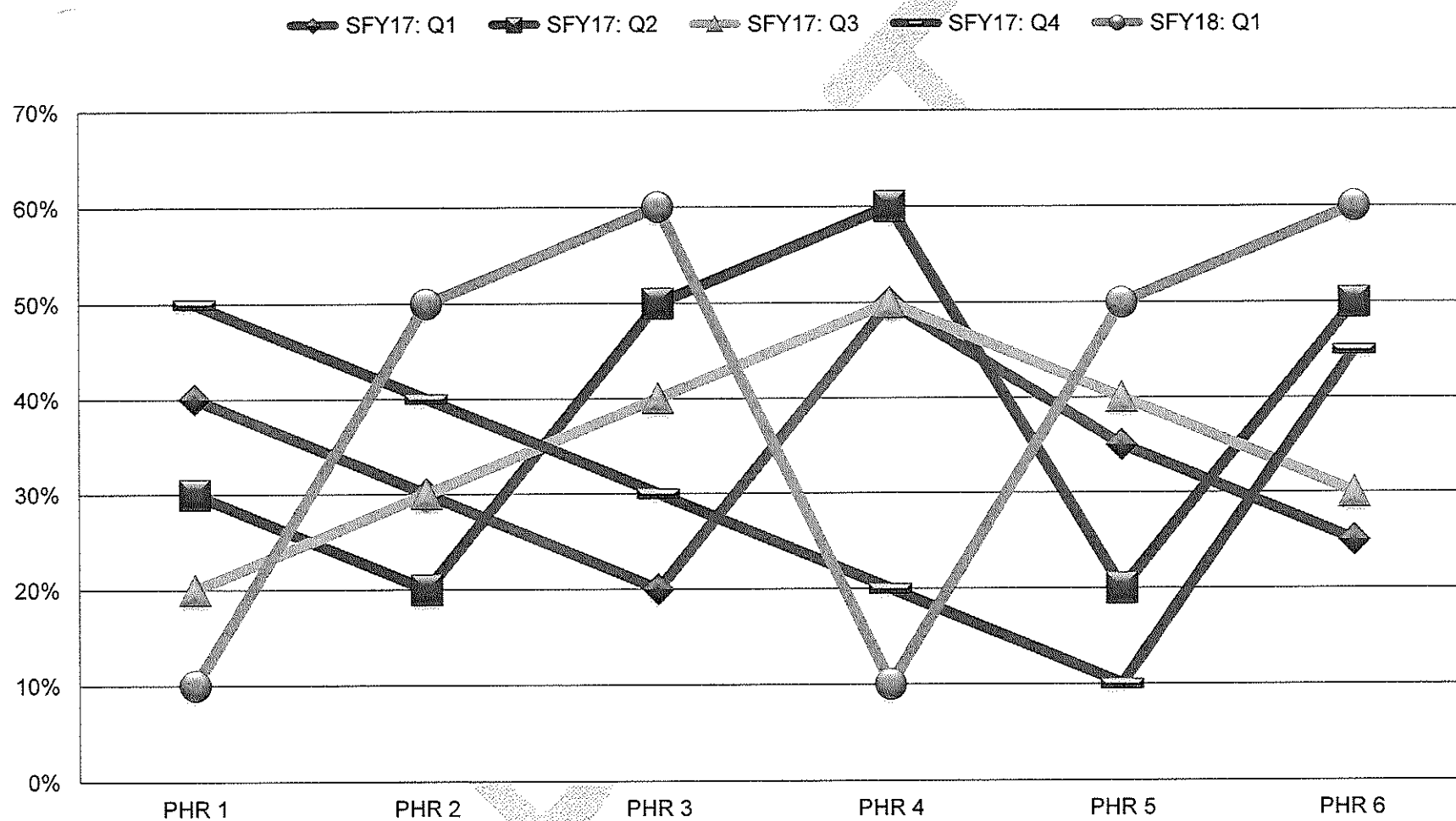
Data Source: Core Ad Hoc Report/Query

Figure X: Payments for Surgical Services



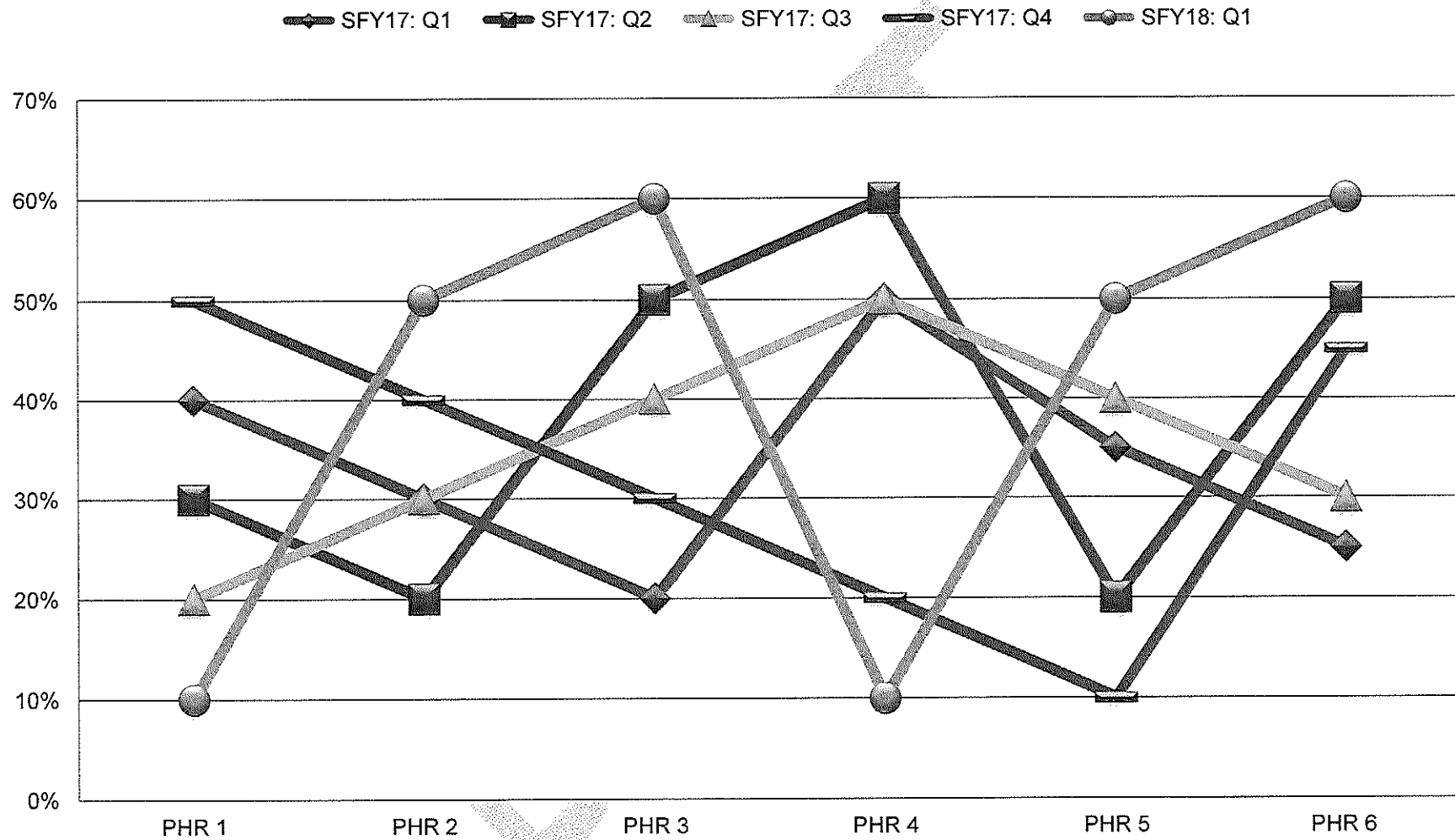
Data Source: Core Ad Hoc Report/Query

Figure X: Most/Moderate Contraceptive by Public Health Region



Data Source: Core Ad Hoc Report/Query

Figure X: LARCS by Public Health Region



Data Source: Core Ad Hoc Report/Query

Data dictionary

Key Terms and abbreviations:

MMIS

Mars

SFY – State fiscal year (July 1 – June 30)

Figure X. Number of enrolled members

Data Source: Monthly Medicaid Eligibility Report Mars Report IAMM3700-R001, R002, R003 from MMIS

Abstract: This data source contains an unduplicated count of all persons who meet program eligibility criteria and have enrolled in the Iowa Family Planning Waiver ¹between 10.01.13 and 06.30.17 or in the Family Planning Program between 07.01.17 and the present. Enrolled persons may not have yet obtained services.

Figure X. Enrolled FFP members claiming confidentiality good cause

Data Source: Family Planning Program Eligibility System

Abstract: Duplicated count of members claiming confidentiality good cause. A person who is covered under group or private health insurance can claim good cause for not cooperating in filing a claim for health insurance if the person is fearful of the consequences. A person can claim good cause due to confidentiality if the person is fearful of the consequences. Claiming confidentiality does not prevent correspondence from being mailed. A person must provide an alternate address for mailing purposes.

Figure X. Services accessed by members

Data source: Core Ad Hoc Report/Query

Abstract: Distinct count of the number of members who accessed services or had a prescription filled during the selected time by members enrolled in IFPN or FPP. The count is based on CPT codes and a single client may have accessed several services (i.e. preventive visit that includes height and weight check, blood pressure and hematocrit). Services access counts are based on the date the service was reimbursed.

¹ The Iowa Family Planning Waiver began on 02/01/2006

Figure X. Unique provider count

Data source: Core Ad Hoc Report/Query

Abstract: Count of unique providers that includes clinicians, clinic sites including family planning clinics, federally qualified health care centers, rural health clinics, as well as laboratories, and pharmacy services based on the National Provider Identification Number (NPI).

Figure X: Provider participation SFY17: Quarter 2 (10.01.16 – 12.31.16)

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts

Figure X: Provider participation SFY17: Quarter 3 (01.01.17 – 03.31.17)

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts

Figure X: Provider participation SFY17: Quarter 4 (04.30.17- 06.30.17)

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts

Figure X: Provider participation SFY18: Quarter 1 (07.01.17 – 10.31.17)

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts

Figure X. NEW – Provider participation – Public Health Region 1 – Central Iowa

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts in PHR 1

Figure X. NEW – Provider participation – Public Health Region 2 – North Iowa

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts in PHR 2

Figure X. NEW – Provider participation – Public Health Region 3 – Northwest Iowa

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts in PHR 3

Figure X. NEW – Provider participation – Public Health Region 4 – Southwest Iowa

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts in PHR 4

Figure X. NEW – Provider participation – Public Health Region 5 – Southeast Iowa

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts in PHR 5

Figure X. NEW – Provider participation – Public Health Region 6 – East Central Iowa

Data source: DDM

Abstract: Percentage of unique providers and provider types based on unique counts in PHR 6

Figure X. Sum of payments distributed for service reimbursement Reimbursement of services

Data source: Core Ad Hoc Report/Query

Abstract: Sum of dollar value for reimbursement of services, for all types of services including but not limited to clinic visits, contraceptive devices, oral contraceptives, blood work, pap smears and other laboratory services and based on CPT and diagnostic codes.

Figure X. Payments for office visits

Data source: Core Ad Hoc Report/Query

Abstract: Sum of dollar value for reimbursement of services for office visits only. These reimbursement amounts include: preventive visits, contraceptive method review and follow-up, IUD and implant insertions. These sums exclude the cost of devices.

Figure X. Payments for contraceptive services

Data source: Core Ad Hoc Report/Query

Abstract: Sum of dollar value for reimbursement of contraceptive services. These reimbursement amounts include: sterilization services, anesthesia, sedation, injectable contraceptives, procedures related to device placement or removal, device fitting, and payment for devices and contraceptive supplies (pills, patches, implants, IUD, condoms, etc.). These reimbursement amounts exclude: pharmacy services.

Figure X. Payments for selected services

Data source: Core Ad Hoc Report/Query

Abstract: Sum of dollar value for reimbursement of selected services. These services include: Hysterotomy, vasectomy, tubal ligation, colposcopy, colposcopy with biopsy and/or ECC.

Figure X. Pharmacy payments

Data source: Core Ad Hoc Report/Query

Abstract: Sum of dollar value for reimbursement of services for pharmacy payments. These reimbursement amounts include: contraceptive methods and devices, including injectable contraceptives provided on an outpatient basis. These reimbursement amounts exclude: list of services.

Figure X. Payments for labs and X-rays

Data source: Core Ad Hoc Report/Query

Abstract: Sum of dollar value for reimbursement of services for lab and x-ray services. These reimbursement amounts include: cytopathology tests (pap smears), biopsy processing, handling of specimens, preoperative evaluations, ultrasounds, urinalysis, pregnancy tests and STI tests and cultures, and the like. These reimbursement amounts exclude: list of services.

Figure X. Payments for surgical services

Data source: Core Ad Hoc Report/Query

Abstract: Sum of dollar value for reimbursement of services for surgical services. These reimbursement amounts include: include colposcopy services, treatment of abnormal pap smears, pelvic exam under anesthesia, and other surgical procedures, for example. These reimbursement amounts exclude: list of services.

Figure X. NEW Percent of women who obtained a most or moderately effective contraceptive method by public health region, SFY17: Q1 through SFY18:Q1.

Data source: Medicaid paid claims

Abstract: The numerator includes women who obtained a most effective contraceptive method such as female sterilization, implants, or intrauterine devices or systems (IUD or IUS) or a moderately effective contraceptive method such as injectables, oral pills, patch, ring, or diaphragm. The denominator includes women seeking contraceptive services during the selected time frames.

Figure X. NEW Percent of women who obtained a long acting reversible contraceptive method by public health region, SFY17: Q1 through SFY18:Q1.

Data source: Medicaid paid claims

Abstract: The numerator includes women who obtained a long acting reversible effective contraceptive method such as an implant or an intrauterine devices or systems (IUD or IUS). The denominator includes women seeking contraceptive services during the selected periods.